



# **Child Welfare Demonstration Project**

## **Pennsylvania Application**

2012 Waiver  
Application

**Commonwealth of Pennsylvania  
Child Welfare Waiver Demonstration Project  
Federal Fiscal Year 2012 Application**

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## **Introduction**

The Commonwealth of Pennsylvania Department of Public Welfare (DPW) through the Office of Children, Youth and Families (OCYF) is committed to ensuring that the families and children who come into contact with our child welfare system experience positive outcomes in the areas of safety, permanency, and well-being. We are steering our child welfare system away from a system dominated by compliance with existing regulations and policies, and a service array that lacked the nimbleness to adjust to a changing service population, changing both in terms of decreasing numbers, and also in the complexity of needs that exist with the remaining youth in care. Instead, we are dedicated to sustaining lasting change and driving a system focused on continuous quality improvement with the assistance of stakeholders at every level of the process. While Pennsylvania is committed to this pathway apart from the potential receipt of a Child Welfare Demonstration Project (Demonstration Project), receiving the waiver would enable our system to accelerate the pace of lasting change through increased efficiency and effectiveness that flexible funding can provide.

The following application articulates the framework for child welfare practice across the Commonwealth. This framework includes an array of practice tools and interventions that are either evidence-based and/or have been shown to produce positive results in the child welfare population. In addition, the application will demonstrate how five initial counties will utilize the waiver, within this established state framework, to fund strategies and interventions that will increase the overall well-being of children and families, enhance placement decisions, and improve overall case success. It is anticipated the project will be expanded to include additional counties over the course of the approval period.

### **1. Demonstration Project – Description:**

Following the May 2012 issuance of the Administration for Children and Families Information Memorandum, ACYF-CB-IM-12-05, Child Welfare Waiver Demonstration Projects, Pennsylvania confirmed interest in applying for a title IV-E Waiver. The flexibility provided in such a waiver will enable Pennsylvania to utilize different approaches to service delivery and financing structures, in an effort to improve outcomes for children, youth and families involved in the child welfare system.

**Pennsylvania's child welfare system is state-supervised and county-administered.** In preparation for this application, a letter was sent to all 67 counties in the Commonwealth to ascertain local interest in participating in a

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demonstration project. The letter included documents outlining the key goals and considerations of the project and a brief self-assessment to assist counties in determining whether it would be beneficial for them to participate. Five counties expressed a solid commitment to participation in the demonstration project. These counties include Philadelphia, Allegheny, Dauphin, Lackawanna, and Venango. In total, these counties represent 45.85% of the total Pennsylvania foster care population and approximately 26% of our total state population.

Given the structure of the Commonwealth, sustaining lasting change in the child welfare system requires a strong framework of practice to establish system-wide goals and priorities, with a flexible solution-focused approach to the diverse population base. This flexibility allows each county to efficiently utilize and cultivate diverse resources to provide mandated services that protect children, strengthen families, and take into account the well-being of all individuals served.

Recent data analysis supports **Pennsylvania's focus on the identified** outcomes of improving child and family functioning and improving placement decisions. Specifically, these outcomes will be met through improvement on the following indicators:

- improved parent behavioral health and functioning;
- increased parenting skills;
- decreased placement disruptions due to child and youth behaviors;
- improved child and youth functioning at home, school and in the community;
- reduction in the number of children and youth entering care (with a particular focus on reducing placement in congregate care);
- reduction in the number of children and youth reentering care;
- reduced lengths of stay in placement; and
- increase in youth being placed in the most appropriate, least restrictive placements.

The following data profile is a more specific look at the children, youth and families in Pennsylvania that will benefit from this proposal.

### **Quantitative Data Profile**

Pennsylvania has taken a comprehensive, family-focused approach in recent years to reduce the number of children in foster care and provide more services to keep children in their homes. There is growing evidence that the strategy is working. The latest **data on Pennsylvania's child welfare system**

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shows the number of families receiving in-home services — intervention efforts that allow children to stay safely in their homes and out of foster care placement — has risen markedly in the past year, serving more than 4,700 additional children. These in-home services help strengthen families, curb the root causes of abuse and neglect, and reduce costly foster care placements. We know outcomes for children are better when they remain safely in their own homes.

The broader use of in-home services to keep families intact also has helped keep the number of children placed in foster care relatively stable over the past year and fueled a sharp decline in the foster care population in recent years. On any given day, about 14,000 Pennsylvania children are in foster care, compared to about 21,000 children in 2006 — a 33% decline. Despite this dramatic decline, Pennsylvania can do more to reduce entries into care.

Even among children placed in foster care, there is a positive trend toward keeping children within their extended families when possible. The percentage of foster care children placed in family settings has been increasing, while the percentage placed in congregate care has seen a closely corresponding decrease. Over the past five years, the percentage of children placed in foster family care has increased by 4%, with a specific 8% increase in kinship care placements when compared to the percentage of children in other placements. The percentage of children placed in congregate care has decreased by 9% over the same period of time. The significance of this cannot be understated, because a child who transitions to adulthood with the emotional and social supports a family setting can provide is more likely to become a self-sufficient adult. Despite these recent improvements, the latest national data suggests that there are only 10 states that rely more heavily on congregate care than Pennsylvania, a status we seek to change. Statewide, 22% of children in placement are currently placed in a congregate care setting. The percentage of children and youth in placement that are in congregate care for the demonstration counties are: Allegheny 22%, Dauphin 26%, Lackawanna 26%, Philadelphia 26%, and Venango 30%. Youth ages 13 and older are more likely to be found in congregate care than children under the age of 13.

Nearly half the children in foster care in Pennsylvania are age 13 and older. Children ages 13 and older often face the greatest challenges reuniting with their birth families or finding an alternative forever family. Many end up aging out of the foster care system, making the challenging transition to adulthood without the support that a loving family provides. Additionally, older youth are also less likely to live in a family setting while in out-of-

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home placement, and they reenter care at twice the rate of younger children.

In addition to this older population, approximately one-third of the children in foster care in our state are age five and younger. This presents unique challenges as these are the formative years when caregiver bonds are established, attachments are made, and developmental milestones are met. These early years are critical to **a child's** healthy social and emotional development, and provide the basis for school readiness and future success. The significant trauma associated with abuse, neglect, and foster care placement have a grave impact on healthy early child development.

Yet another concerning statistic in Pennsylvania's **child welfare system** involves disproportionate representation. African American children are six times more likely to be in **Pennsylvania's** foster care system than white children, and Latino children are three times more likely to be in foster care. Forty-six percent of children in foster care are African American, yet African American children comprise only 13% **of the state's child population. This** disproportionate rate of children of color in foster care is not only an issue in Pennsylvania, but is a nationwide problem. More than half of the 400,000 children in foster care in the United States come from minority families even though children from minority communities comprise less than half of the children in the country. Not only do children of color enter the foster care system in our state at higher rates than white children, they experience longer lengths of stay in placement and wait greater periods of time to achieve permanency through adoption and legal guardianship. Furthermore, African American children are less likely to be reunified with their birth families than other children.

While the issues with the federal length of stay measures are well publicized, the median length of stay in care for all children reunified in Pennsylvania (7.4 months) is longer than the national 25<sup>th</sup> percentile (5.4 months). The statewide numbers for this indicator mask county variations. For example, the median length of stay for children in Allegheny County (5.3 months) meets or exceeds the national **benchmark, where Philadelphia County's is** nearly double the same benchmark (10.8 months).

Eighty-eight percent of children leaving care in Pennsylvania exit to permanent arrangements, 69% exit to reunification. The federal measure of timely exit to permanency suggests that over 50% of children who entered foster care for the first time were reunified with their parents or relatives within 12 months. A review of national data finds that Pennsylvania

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performs significantly better than the national median (of 41%); however, this should be reviewed in conjunction with our re-entry rate.

**Exits to permanency only become real permanency when children don't re-enter.** Unfortunately, far too many children re-enter foster care in Pennsylvania. While the number of children re-entering foster care within 12 months of reunification or living with another relative has started to decline, dropping by more than 300 children in the past year, we have great room for improvement. Pennsylvania has the highest re-entry rate in the nation (27%), with even higher rates for teenagers (34% for 13 to 17 year olds). In addition to older youth, rates are higher for African American (34%) and Latino (26%) youth than white (20%) children; reentry is also much more common in urban counties than in rural counties (32% versus 20%). The re-entry rates for each of the demonstration counties are as follows: Allegheny 23.6%, Dauphin 26.6%, Lackawanna 14.6%, Philadelphia 45.5%, and Venango 23.2%. Youth ages 13 and older re-enter care at twice the rate of younger children.

Similarly, on another federal measure examining permanency for children in care for two years or longer, Pennsylvania exceeds the national 75<sup>th</sup> percentile, with over 35% of those children achieving permanency. However, there are still children who languish in foster care for long periods of time. For example, in Allegheny County there are 156 children in care for over 17 months with a goal of Another Planned Permanent Living Arrangement. Despite the overall success on exits to reunification, there is still room for improvement.

**As this overview of Pennsylvania's child welfare system highlights, the state** has made progress in a number of areas (i.e. reducing placements, serving more families in the home, exits to permanency), yet opportunities for improvement remain. Performance measures at the federal, state, and local levels indicate that reducing entries (in particular re-entries) to foster care and the use of congregate care are currently the most significant system outcomes on which to focus. Reducing entries and re-entries and the use of congregate care will not only improve outcomes for children and youth, but will also reduce caseloads, which frees up placement resources, and saves funds used on costly congregate care placement (group homes/institutions costs nearly three times as much as family-based foster care).

Pennsylvania is a state-run, county-administered child welfare system, making it critical to examine each participating county one-by-one. Below are a few key indicators for each of the counties. In practice, these indicators are augmented by additional state and local analysis of

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administrative data as well as a review of Child and Family Services Review (CFSR), Quality Service Review (QSR), and other qualitative analysis to understand county-level child welfare system dynamics.

## **County Indicators**

The counties participating in the demonstration project have diverse characteristics, both in their overall populations as well as in their child welfare systems. The table below displays key demographics and **performance indicators for each county's child welfare system. Some of the** key differences and similarities, and their implications, are as follows.

The population of the counties varies drastically, ranging from about 55,000 people in Venango to 1,525,000 in Philadelphia. Aside from differences in sheer numbers, there are clear demographic differences as well. Philadelphia is an urban county and Venango is rural. Allegheny County contains the city of Pittsburgh as well as suburban communities. Dauphin and Lackawanna are mixed urban counties each with a significant sized city as well as suburban and more rural and outlying communities. Philadelphia has twice the poverty rate of most others (25%), and Lackawanna (13%) and Venango (16%) also have poverty rates that exceed the state average. There are significant racial and ethnic differences between counties, which may require service providers to engage in different strategies to address cultural differences. For example, 11% to 18% of youth in care in Dauphin, Lackawanna, and Philadelphia are Latino, whereas less than 1% of youth in Allegheny and Venango are Latino. One similarity across the state is that a majority of the youth in care are older youth, though less so in Lackawanna where a much lower proportion of teenagers are in care compared to the other counties.

The similarities in system outcomes across the counties reinforce why certain priorities exist statewide. Similarities primarily exist in placement rates, the use of congregate care, and **re-entries to care. Each county's rate** of youth in care per 1000 children in the population is equal to or higher than the rate across the state, though the range is wide – from 9.3 to 22.5. The use of congregate care is also equal to or higher than the state average in each locality, with 22% to 30% of youth in a congregate care setting. While re-entry rates are variable across the counties, they are very high in most, particularly in Philadelphia and Venango where the rates double the statewide figure and almost half of youth re-enter care.

The differences in performance inform why some county priorities and strategies vary, as well as where there may be room for sharing lessons



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learned and best practices across the state. While congregative care is used fairly consistently, kinship care is used to varying degrees among these counties, so there may be opportunities for counties using fewer kinship placements (Dauphin and Venango) to learn what has been successful in the other counties. Similarly, the rates at which youth achieve permanency through various avenues (by exits to family, Permanent Legal Custodianship (PLC) or adoption) are considerably different, and some counties have higher rates of youth exiting to non-permanency, particularly Allegheny.

**Child Welfare Indicators - 2011**

	<b>Statewide</b>	<b>Allegheny</b>	<b>Dauphin</b>	<b>Lackawanna</b>	<b>Philadelphia</b>	<b>Venango</b>
<b>Population</b>	12,702,379	1,223,348	268,100	214,437	1,526,006	54,984
<b>Child Population</b>	2,794,523	241,663	62,215	43,947	343,837	11,832
<b>Child Abuse Reports (CPS)</b>	24,615	1,506	563	459	4,765	156
<b>Poverty Rate</b>	12.4%	12.3%	11.9%	13.2%	25.1%	15.7%
<b>In-home Services</b>	168,821	14,769	3,039	1,497	29,871	662
<b>Children in Foster Care</b>						
All Entries	10,496	1,058	272	318	2,948	72
First Entries	69%	68%	74%	79%	54%	58%
Total Children in Foster Care	27,681	2,971	614	614	8,336	157
<i>Rate per 1,000 Children</i>	9.3	11.5	9.3	13.0	22.5	12.5
<b>Age of Children in Care</b>						
0 to 1	12%	10%	10%	16%	11%	11%
2 to 5	21%	20%	22%	26%	20%	19%
6 to 12	23%	22%	24%	25%	20%	24%
13 and over	45%	49%	44%	34%	49%	47%
<b>Race and Ethnicity of Children in Care</b>						
White	52%	33%	45%	91%	14%	92%
African-American	46%	65%	61%	25%	78%	7%
Other	4%	2%	0.8%	0.7%	9%	0.6%
Latino	12%	0.2%	18%	16%	11%	1%
<b>Placement Settings</b>						
Pre-adoptive home	5%	0.1%	4%	4%	7%	0%
Foster Family Home – Relative	22%	36%	11%	25%	24%	19%
Foster Family Home -- Non Relative	44%	37%	52%	40%	35%	51%
Congregate Care	22%	22%	26%	26%	26%	30%
Supervised Independent Living	2%	3%	0%	2%	3%	0%
Runaway	2%	1%	2%	2%	4%	0%
Trial Home Visit	3%	0%	5%	1%	0%	0%

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<b>Indicators - Continued</b>	<b>Statewide</b>	<b>Allegheny</b>	<b>Dauphin</b>	<b>Lackawanna</b>	<b>Philadelphia</b>	<b>Venango</b>
<b>Timely Reunification with Parents or Relatives</b> (reunified within 12 months of first entry)	54%	57%	56%	65%	49%	77%
<b>Children Exiting Care</b>	13,545	1,253	224	318	3,903	107
Children Exiting to Permanency	89%	82%	93%	95%	87%	88%
<i>Reunification</i>	61%	51%	60%	76%	59%	70%
<i>Adoption</i>	17%	19%	22%	9%	16%	8%
<i>Permanent Legal Custodianship</i>	6%	6%	5%	4%	10%	0%
<i>Live with Other Relatives</i>	5%	6%	5%	7%	3%	9%
Children Exiting to Non-Permanency	11%	18%	7%	5%	12%	12%
<i>Emancipation</i>	7%	11%	3%	4%	6%	8%
<i>Transfer to Another Agency</i>	4%	3%	2%	1%	7%	5%
<i>Runaway</i>	0.6%	4%	3%	0.3%	0%	0%
<i>Death of Child</i>	0.1%	0%	0%	0%	0.1%	0%
<b>Placement Stability</b> (Children in care 12 to 23 months with 3 or more placements)	34%	33%	36%	35%	33%	44%
<b>Re-entry to Care</b> (within 12 months of reunification)	27%	22%	24%	17%	46%	42%

Sources: PA Partnership for Kids. 2011. *The Porch Light Project*. Available at <http://www.porchlightproject.org>;  
U.S. Census. 2010 Census: SF1, Table QT-P1 & 2006-2010 ACS, Table B17001. Available at  
<http://factfinder2.census.gov>

## Qualitative Data Profile

The Child Family Service Review (CFSR) onsite review was conducted in 2008 and the following findings are relevant to the Demonstration Project (the item numbers refer to the CFSR On-Site Review Instrument):

### Strengths

- The state was effective in assessing and meeting the needs of children receiving foster care services and receiving in-home services.
- According to stakeholders at the review sites, judicial reviews occur every six months with some occurring more frequently. The judicial review satisfies the requirements for both the periodic review and the 12 month permanency hearing (item 26).
- Permanency hearings are being held in the state every six months. The state provided data that indicate in 2007, over 94% of children

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had a periodic review/permanency hearing within the previous six months (item 27).

- Foster parents, pre-adoptive parents, and relative caregivers of children are consistently provided notification of reviews and hearings and are given the opportunity to be heard in reviews and hearings (item 29).
- Pennsylvania has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children (item 30).
- The state has a number of processes in place to monitor the quality of **services and to identify the child welfare system's strengths and needs** (item 31). The processes include:
  - The Quality Services Review (QSR)
  - The annual licensing review of each County Children and Youth Agency (CCYA)
  - The Needs Based Plan and Budget (NBPB) process
  - The Practice Standards
  - Individual CCYA quality assurance systems
- Pennsylvania has a comprehensive staff development and training program that requires new caseworkers to complete 120 hours of competency-based training (item 32).
- Pennsylvania provides a comprehensive, mandatory on-going training program for staff. In addition, there are a variety of staff development opportunities available to staff (item 33).
- The state provides mandated pre-service and ongoing training for current and prospective foster and adoptive parents as well as training opportunities for private agency staff (item 34).
- Pennsylvania has a strong working relationship with consumers, service providers, foster care providers, the juvenile courts and other stakeholders, who are all included in developing goals and objectives of the Child and Family Services Plan (item 38).
- The state utilizes community stakeholders in evaluating services and in **developing the annual reports of the State's progress in child welfare** (item 39).
- The Department of Public Welfare (DPW) and the CCYA worked diligently to build partnerships with other agencies and stakeholders to coordinate services that serve children and families throughout the state (item 40).

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Areas needing improvement

- The state was inconsistent in involving parents and children in the case planning process. Mothers and children were more likely to be involved in case planning than fathers (item 18).
- The onsite review also found that the needs of children, parents and foster parents were not adequately assessed. It was noted that the assessments did not identify underlying issues (item 17).
- **The support of the parents' relationship with their children while the children were in foster care was generally inconsistent. Less attention was given to promoting children's bonds with fathers than mothers** (item 16).
- There were inconsistent efforts made to search for maternal and paternal relatives as placement resources for children (item 15).
- **Children's connections with extended family, school, and community** were not being consistently maintained (item 14).
- The onsite review indicates that there are issues in maintaining stable placements for foster children particularly as it relates to a) meeting their behavioral needs and b) ensuring that their placements are safe and well-supported (item 6).
- Preventing foster care reentries within a 12-month period is a challenge for the state (item 5).

**Pennsylvania's QSR also provides information** about the needs that the **Demonstration Project will address. Pennsylvania's QSR Protocol, developed** in collaboration with Human Systems and Outcomes (HSO), utilizes case reviews, and interviews with key stakeholders to measure both:

- the current status of the family including both the parents or caregivers and the focus child/youth; and
- the quality of practice exhibited in the county.

Pennsylvania conducted QSRs in six counties during the first phase of **Pennsylvania's** Continuous Quality Improvement (CQI) effort, which occurred between December 2010 and April 2011. Four of the five participating counties in this application were a part of that phase. The fifth county, Dauphin, was a part of the second phase, which is currently underway. During Phase I, 99 cases were sampled -- 59 foster care cases and 40 in-home cases. The proportion roughly reflects the proportion used by ACF during the 2008 onsite CFSR.

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The first phase of Pennsylvania's QSR revealed several important trends related to family engagement, assessment, case planning, and placement stability. The QSR echoes the CFSR findings indicating improvement is needed in engaging children and youth and parents and involving them in the case planning process.

QSR data indicated the need for improvement in family engagement. While the majority of cases reviewed showed acceptable engagement of the mothers, nearly one-third of mothers and more than half of fathers in cases reviewed were poorly engaged in a positive working relationship with the children and youth agency. In part, this was reported to be true because **parents did not understand the agency's role and intervention strategies.** Part of engagement is ensuring that family members have a role and voice in shaping decisions made about the child/youth and family strengths and needs, goals, supports, and services. While mothers were found to take the lead in identifying the needs of their child(ren), 43% of the cases reviewed had an unacceptable rating for the role and voice of the mother. Fathers were found to play a less active role in planning for their families, with 71% of the cases reviewed having an unacceptable rating. When cases were rated as acceptable in family engagement, it was noted that families had a sense of feeling heard, especially when participating in a Family Group Decision Making conference.

Reviewers reported that parents whose functioning was rated as acceptable were fully cooperative with the agency involvement and had strong family supports. Two-thirds (67%) of the cases were rated as acceptable for maintaining family relationships. Team members working with the child/youth and family performed well at maintaining connections between the children and youth and their mothers, siblings, and other family members. Results of the Parent/Caregiver Functioning indicator showed that parent functioning is unacceptable for half of the mothers, as well as half of the fathers, in the cases reviewed.

Assessment of child and family strengths and needs, underlying issues, safety and risk factors, protective capacities, culture, hopes and dreams, and understanding what changes must take place in order for the child and family to live safely together and improve well-being and functioning is another area for improvement. In the cases reviewed, assessment and understanding had acceptable ratings for 72% of the children and 63% of the mothers. There is room for improvement as assessment and understanding had unacceptable ratings for 28% of the children, 37% of the mothers, and 63% of the fathers. The acceptable ratings were attributed to **completion of early assessments and understanding of the family members'**

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needs which allowed services and supports to be accessed quickly to stabilize known concerns. Caseworker visits were not of sufficient quality (e.g., planned, structured, professional interviews aimed at gathering information) to produce assessments which identified the underlying causes of child abuse or neglect, facilitated identification of plan objectives, and supported movement toward individualized successful resolution.

Teaming was identified as a challenge related to assessment and case planning. Nearly half of the cases reviewed were rated unacceptable in team formation (45%) and in team functioning (49%). Reviewers attributed unacceptable ratings to teams that were formed but in which members appeared to be acting independently and not sharing vital information or communicating with the rest of the team. Reviewers noted a lack of unified vision and effective problem solving which directly led to poor team performance. An identified team leader was recommended to clear the communication path and ensure all information is shared between team members.

Reviewers who rated placement stability noted that in some cases there were multiple moves, some of which resulted from multiple unsuccessful and possibly premature attempts to return the child/youth to the home from which they were removed. This is significant when examining re-entry rates.

In the natural flow of a case, assessment and understanding is followed by case planning and service provision. In the cases reviewed 66% of the ratings of children were acceptable and 63% of the ratings of mothers were acceptable when it came to the planning process. The Child/Youth and Family Planning Process indicator was rated unacceptable for 34% of children, 37% of mothers, and 52% of fathers. Unacceptable ratings for this indicator appeared to be directly affected by unacceptable progress in planning for transitions and life adjustments. Reviewers who rated cases as unacceptable tended to report a lack of involvement in the development of the Family Service Plan (FSP) by the family, and that the FSP goals and **objectives were not modified according to the family's needs**. Forty-one percent of cases reviewed received an unacceptable rating on the Planning for Transitions and Life Adjustments indicator. Reviewers suggested that the lack of teaming and assessment of the child/youth and their family directly contributed to the unacceptable ratings. Of relevance to the Demonstration Project is that reviewers noted that the practice of Family Group Decision Making (FGDM) was often found to be utilized in cases with acceptable ratings in this area.

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Finally, it was noted that tracking must occur routinely in order to monitor child and family status, progress, service interventions, and results. Adjustments to service delivery should be made when such tracking indicates it is necessary. The Tracking and Adjusting indicator was rated as acceptable in 66% of the cases reviewed, although Tracking (70%) was more likely than Adjustment (62%) to be rated as acceptable. Again, it was noted that the practice of FGDM was used as a vehicle to review family progress and make appropriate adjustments to services. The cases reviewed that received an unacceptable rating identified lack of teaming as a root cause for the disconnect. Team members did not always make other team members aware of successes and failures which prevented tasks and services from being adjusted, when needed, to achieve case goals.

**Purpose of the Demonstration Project**

The purpose of the Demonstration Project is to allow for the flexible investment of title IV-E dollars to support systems change that promotes the efficient and effective use of services and interventions. In Pennsylvania, we selected services and interventions based on the extent to which they are **consistent with the Commonwealth's framework of child welfare practice**, promote continuous quality improvement by addressing areas for improvement identified through the quantitative and qualitative data profiles and have the potential to impact two outcome areas: **improving child and family functioning** and **improving placement decisions**. It is expected that improvements in these outcomes will be demonstrated in indicators that include:

- improved parent behavioral health and functioning;
- increased parenting skills;
- decreased placement disruptions due to child and youth behaviors;
- improved child and youth functioning at home, school and in the community;
- reduction in the number of children and youth entering care (with a particular focus on reducing placement in congregate care);
- reduction in the number of children and youth reentering care;
- reduced lengths of stay in placement; and
- increase in youth being placed in the most appropriate, least restrictive placements.

In order to achieve these outcomes and indicators, Pennsylvania will focus on strategies that support a model of case practice that seeks to ensure appropriate **family engagement, assessment** and use of **evidence-based programs** (described in Section 5). Pennsylvania arrived at these

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strategies after working with the five participating counties to identify common strategies in which these counties were already engaged that apply to the issues at hand. The goal is to use the project to build upon and expand efforts that are already in place and to closely assess and monitor how well these services and supports are achieving identified outcomes.

The theory of change underlying these efforts is illustrated in the logic model (Appendix 1) and is articulated here:

**If families are engaged** as part of a team, and  
*If* children and families receive comprehensive **screening and assessment** to identify underlying causes and needs and assessment information is used to develop a service plan, and  
*If* that plan identifies roles for extended family members and various supports, including **appropriate placement decisions** and connects them to **evidence-based services** to address their specific needs,  
*Then*, children, youth and families are more likely to remain engaged in and benefit from treatment, so that they can remain safely in their homes, experience fewer placement changes, experience less trauma, and experience **improved functioning**.

It is hypothesized that the combination of family engagement strategies, comprehensive assessment, and assessment-informed service planning, coupled with evidence-based interventions, will be more effective in improving child and family well-being and improving safety and permanency.

Therefore, our hypothesis will lead to a 30% reduction over 5-years for counties involved in the Demonstration Project in each of the following areas:

- Congregate Care;
- Re-entry Rates; and
- Days in Care

Additionally, a 10% increase in the number of cases in which the following Quality Service Review indicators are rated as a strength: Physical Health, Emotional Well-Being, Early Learning, and Academic Skills will be seen over the course of 5-years for those same counties. Consistent with our continuous quality improvement efforts, Pennsylvania is reviewing the QSR tools and indicators in an effort to strengthen this process. As a result there is the possibility of changes occurring between our current baseline measure



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and future measures of success. Should there be a need to adjust any measurements related to these indicators, ACF will be notified.

**2. Statutory Goals Addressed in the Demonstration Project:**

Through the Demonstration Project, Pennsylvania aims to address two key issues: **child and family functioning**, and **placement decisions**. These areas for improvement were identified in both the quantitative and qualitative data profile sections. By ensuring that every placement decision leads to the most appropriate placement for a child, we will not only reduce entries, re-entries and the use of congregate care, but also improve outcomes for children and youth, reduce caseloads, free up placement resources, and better align resources to meet program goals through reinvestment of funds. In focusing on these challenges, Pennsylvania will address the following statutory goals:

- Increase permanency for all infants, children, and youth by reducing the time in foster care placements when possible and promoting a successful transition to adulthood for older youth.
- Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.
- Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.

**3. Demonstration Project – Target Population:**

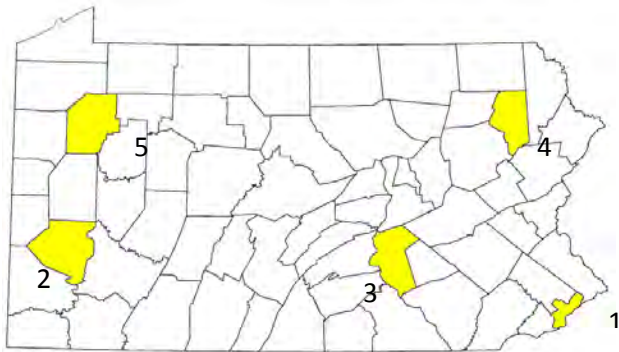
For the purposes of the Demonstration Project, the target population of participating counties includes all children in placement, discharged from placement, or receiving in-home services at the beginning of the demonstration period or age 0-18 at-risk of or in placement during the approved waiver period.

**4. Demonstration Project – Geographic Area:**

The initial phase of the Demonstration Project includes five specific counties: Allegheny, Dauphin, Lackawanna, Venango, and Philadelphia. These counties represent a broad cross section of our Commonwealth in terms of physical location as well as urban versus rural characteristics. While only Venango County is classified as rural, the urban counties represented vary greatly in terms of population size. As previously noted, these counties

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represent 45.85% of the total Pennsylvania foster care population and approximately 26% of our total state population.



	County	Population	% of State	% of FC Population
1	Philadelphia	1,526,006	12.01%	30.11%
2	Allegheny	1,223,348	9.63%	10.08%
3	Dauphin	268,100	2.11%	2.22%
4	Lackawanna	214,437	1.69%	2.22%
5	Venango	54,984	0.43%	0.57%

Pennsylvania is requesting that the Commonwealth retain the ability to add additional counties over the course of the approval period with the option to extend to all counties. Any additional counties will only be included after ACF approval and will only occur at the beginning of a state fiscal year/federal quarter 3 (July 1<sup>st</sup>). Any counties included beyond the initial five will undergo an assessment to determine their readiness and capacity to meet the Demonstration Project goals. Consideration will also be given regarding the timing of including new counties in order to ensure that the impact of strategies and interventions can be measured.

**5. Demonstration Project – Service Interventions:**

**Overarching State Framework**

As noted above, based on data analysis and the desire to improve child and family functioning and placement decisions, Pennsylvania will focus on strategies in the areas of **family engagement, assessment, and evidence-based practices**. While the participating counties are currently engaged in each of these strategies to some extent, the Demonstration Project will allow the counties to accelerate the pace of change, scale up effective strategies, and scale down ineffective strategies.

Prior research from the Substance Abuse and Mental Health Services Administration (SAMHSA) funded National Systems of Care (Stroul & Friedman, 1986) suggested that improvements in child and family well-being require interventions to occur at the child, family, community and systems levels. Our Demonstration Project hypothesizes that if family members are engaged as part of the team, and a thorough assessment of child and family

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strengths and needs occurs using a well-validated measure, then the most appropriate level of resources and services can be provided (see the logic model in Appendix 1). Previously, title IV-E funds could only be used for certain types of services, rather than what was indicated by child needs, safety concerns and protective factors. The flexible use of title IV-E funds and other federal funding sources such as Medicaid can be used to purchase the supports and the services needed to keep at-risk children safely in the community and return them to their communities after placement so that they remain connected to their families. However, we also know from previous experience and research (Weigensberg, Barth & Guo, 2008) that it is not sufficient to simply make the connections, and service referral alone is insufficient for families utilizing the services. Therefore, we are proposing to **“widen the circle”** (Pennell & Anderson, 2005) by finding family and identifying fictive kin through Family Finding and engaging family, friends and community supports by using FGDM, group conferencing and other teaming approaches.

### **Family Engagement**

The Commonwealth has emphasized the importance of family engagement strategies by funding Family Finding, Family Group Decision Making (FGDM), and similar teaming models as part of our county specific needs-based plan and budget process with increased focus on non-custodial parents. The scaling up of successful engagement strategies is an expected part of all **counties’ future planning.**

While developing a base of accurate assessment is a central strategy in **Pennsylvania’s** Demonstration Project, assessment is only part of the equation. Often families are not able to access services and supports identified through the assessment, or they are reluctant to access them. At-risk families have limited social capital and their connections to the community are tenuous and strained. Highly stressed families also tend to look to help from other stressed families and relatives (Harknett & Hartnett, 2011), a strategy that may result in emotional support but little instrumental help. Therefore, several teaming strategies will be used in this Demonstration Project: (1) create social capital for the families by widening the circle through Family Finding; (2) engage both the parents as well as the extended family and community resources in their shared commitment to the safety and well-being of the children; and (3) maximize access to community resources.

Family engagement models include front-end, time sensitive decision making teams (Team Decision Making or TDM) as well as teams that meet over a

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period of years such as the Lifelong Family Connections model used by Casey Family Services. In Pennsylvania, FGDM was first adopted in 1999, and by 2012, 66 counties reported some degree of implementation of FGDM. The participating counties in this project are considered to be longstanding users of FGDM, with Dauphin, Allegheny and Philadelphia each doing several hundred conferences per year. The Pennsylvania model is based on the Family Unity Model and the Family Group Conferencing process established in New Zealand. The approach is decentralized or grass roots, but training and monitoring are well-established. As part of this Demonstration Project, the fidelity and integrity of FGDM will be monitored using either the Pennsylvania Achievement of Family Group Objectives (based on a measure created by Joan Pennell) or by using the fidelity tool created by Lisa Merkel-Holguin at the American Humane Association for their evaluation of "No Place Like Home."

Family Finding is less established in Pennsylvania, being implemented only within the past five years. All participating counties have been trained in Family Finding practices by Kevin Campbell, a nationally recognized expert. Dauphin, Allegheny, and Venango also received advanced technical assistance from Kevin Campbell to strengthen their local practice. All of the counties involved in the Demonstration Project are using Family Finding, although the extent and nature of use varies. For example, some counties use Family Finding strictly as a tool while others use Family Finding as an engagement strategy with families. Philadelphia plans on incorporating Family Finding into every case that is accepted for child welfare services.

## **Assessment**

From the point of initial contact with our child welfare system, through final discharge, the importance of adequately assessing the needs of children and families must be a point of emphasis. Assessments include a range of activities such as initial screening tools, formal evidence-based assessment packages, and intervention based effectiveness assessments. Emphasis should be placed on functional assessments that are comprehensive in their approach to the well-being framework: cognitive functioning, physical health and development, emotional/behavioral functioning, and social functioning. In the natural flow of a case, assessment is followed by case planning and service provision. Results of comprehensive assessments guide the direction of a child and family to service interventions that best serve their identified need(s).

As noted above, this Demonstration Project hypothesizes that effective use of flexible funds depends upon comprehensive assessment of child and

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family functioning. We believe that the Child and Adolescent Needs and Strengths Assessment (CANS & CANS-0-3 & YANSA) provides a comprehensive assessment across the developmental age range and also identifies the trauma needs. The CANS has been used in SAMHSA system of care demonstrations in Allegheny County as well as other federal waiver demonstration grants. Philadelphia has used the CANS for approximately 10 years. Importantly, the CANS also identifies child and family strengths, which is consistent with the strengths based approach of our family engagement practices. The CANS creates a common language for all of the individuals involved in the life of the child and family and it links an **observation to an action (e.g. "watchful waiting" vs. "act" vs. "act immediately")**. **When aggregated across children and counties, it creates a high level snapshot of what the needs are for a county (Rauktis, Fusco & Uffner, 2011).**

A companion tool, the Service Process and Needs (SPANs) is a record review tool used in conjunction with the CANS and allows a reviewer reading the record to quantify, using a scoring algorithm, what was needed compared to what was actually delivered. The SPANs has been used in Pennsylvania to evaluate the quality and type of services in a project focused on older youth with multiple system involvement (Rauktis, Fusco & Uffner, 2011).

Another functional assessment includes the Ages and Stages Questionnaire, Third Edition and the Ages and Stages: Social-Emotional (ASQ and ASQ-SE). All children under the age of 5 who are referred to child welfare services will be screened using the ASQ in order to determine and address developmental delays as soon as possible. In addition, the Child and Adolescent Functional Assessment Scale (CAFAS) may be used as one of the measures of child functioning.

The Restriction of living Environments Measure (REM-Y) in conjunction with the CANS will also be used in order to prospectively determine the level of **living environment restriction needed for a child's or youth's safety and developmental needs (Rauktis, Huefner, O'Brien, Pecora, Doucette & Thompson, 2009)**, as well as measure placement changes. For instance, if **the purpose is to match the youth's needs to the living environment, using the REM-Y will give information about the youth's needs relative to the proposed living environment.**

As part of the Pennsylvania Program Improvement Plan (PIP), a toolkit of rapid screening assessments was compiled along with a process for administration and decision support. These tools were created in response to the challenge of determining underlying causal factors. This toolkit is

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free, web-based and will be used to supplement this basic set of measures. Currently, all of the counties involved with the Demonstration Project are using the ASQ and four of the five are either using or are prepared to use the CANS or CAFAS.

Lastly, Pennsylvania is in the process of implementing an educational screen for all child welfare agencies which requires frontline caseworkers to gather **information and to make recommendations regarding children's education** to ensure the children receiving child welfare services have their educational needs met. The screen provides caseworkers with the tools for collaboration **with schools regarding children's educational needs, stability, services, and goals**. This screen will assist **caseworkers in focusing on children's education** as part of our efforts to improve child well-being.

### **Evidence-Based Programs**

Counties across the Commonwealth are utilizing many evidence-based programs (EBPs) to improve the lives of children, youth, and families involved with the child welfare system. As described below, at least a half-dozen different EBPs are being used by the participating counties alone (e.g., Multisystemic Therapy, Parent-Child Interactional Therapy, Functional Family Therapy, Trauma-Focused Cognitive-Behavioral Therapy, Multidimensional Treatment Foster Care, The Incredible Years, Strengthening Families Program). Although counties are already committed to using evidence-based programs, the Demonstration Project will allow counties to scale up interventions more rapidly and, in combination with the family engagement and assessment strategies, ensure that they are scaling up the appropriate programs. Currently, Pennsylvania is highlighting two EBPs that are present at some level in all five counties and that are most likely to help meet the identified goals and achieve the outcomes of improving child and family functioning and improving placement decisions. These EBPs are Parent-Child Interaction Therapy (PCIT) and Multisystemic Therapy (MST).

As noted in Section 1, children aged 13-17 are most likely to re-enter care in Pennsylvania, and they most often do so because of emotional/behavioral symptoms. MST is an evidence-based intervention that was originally designed to work with juvenile offender populations, but has shown positive results with other target populations, including those experiencing child abuse and neglect. When used to prevent child abuse and neglect, MST treats the whole family with the goal of keeping children safely at home by helping parents increase their parenting capacity and, in some cases, overcome their own experiences with trauma. MST has been shown to

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reduce youth's problem behaviors, improve family relations and functioning, and decrease out-of-home placements, thus making it a practice that Pennsylvania is interested in scaling-up (*Multisystemic Therapy Research at a Glance*, January 2012).

In Pennsylvania, young children also make up approximately one-third of the children in care, and addressing the issues of these children represents an opportunity to prevent placements. PCIT is an evidenced-based treatment model that teaches parenting skills and uses live coaching sessions with both the parent/caregiver and the child to change negative parent-child patterns of interaction. PCIT addresses underlying issues that impact child and family **functioning and contribute to families' ongoing involvement with child** welfare, including trauma and diminished parenting capacity. PCIT has been shown to improve parenting skills (e.g., increased rates of praise, decreased rates of criticism and sarcasm), lower parenting stress, and increase confidence in parenting while also improving child behavior (e.g., decreasing disruptive behavior, increases in compliance) (Herschell, 2012; The National Child Traumatic Stress Network, August 2008). By scaling-up PCIT, Pennsylvania can focus on the youngest children and their caregivers to improve parenting capacity and, in turn, child and family functioning so that continued system involvement can be avoided.

Currently, Allegheny, Lackawanna, and Venango are using both MST and PCIT; Philadelphia is using PCIT and Dauphin is using MST.

**County Specific Strategies and Interventions**

As stated earlier, given the state-supervised, county-administered structure of our child welfare system, sustaining lasting change in our child welfare system requires a strong framework of practice to establish system-wide goals and priorities, with a flexible solution-focused approach to our diverse population. In addition to the common interventions and assessments described above, participating counties will continue to use a variety of assessments and intervention strategies that target the specific needs of their diverse populations. This county driven approach has been a cornerstone to sustaining lasting change at the local level. This flexibility allows each county to efficiently utilize their available resources to provide mandated services that protect children, strengthen families, and take into account the well-being of all individuals that are served. The following section highlights county-specific activities that will take place during the Demonstration Project.

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**Allegheny County:**

Allegheny County has a strong record of reducing placements and has become a national leader in the use of kinship care. Of the total number of children in family foster care, the percentage of children placed in kinship care has risen from 25% in 1996 to 64% in 2012. Yet, Allegheny County realizes that there is still work to be done to improve its system, particularly by reducing the overutilization of congregate care, reducing re-entries to care, and improving strategies to address child well-being. Allegheny County is committed to this work and will accomplish it through three main approaches:

- 1) Improving Case Practice (Family Engagement)**
- 2) Evaluating and Strengthening Systems (Assessment)**
- 3) Improving Quality of Care (Evidence-Based Programs)**

**Improving Case Practice (Family Engagement)**

Allegheny County models like Family Team Conferencing, Inua Ubuntu<sup>1</sup>, Family Group Decision Making and High-Fidelity Wraparound improve system cultural competency and effectiveness by engaging families and building family plans for services that focus on strengths and resources. The Demonstration Project will provide the opportunity to hire and train more caseworkers to utilize these models so that they become the basic case management and casework practice throughout Allegheny County.

Utilizing family engagement models, Allegheny County will employ practice changes to increase the rates of stable permanency. Many of the children and youth in Allegheny County go home quickly. The median length of time youth spend in care is 134 days, or about four and a half months, and a quarter of youth exit care within 30 days. But given the high re-entry rates, the county needs to put in place measures to ensure they are making decisions that yield both safe and stable permanency. To accomplish this, Allegheny County will use data that predict re-entry into care. For example, the quantity and quality of visits between the child and the family is correlated with a lower re-entry rate, as are demographic factors such as age. Allegheny County will use data in a formal *Safe and Stable Permanency* meeting which will discuss the initial safety threats and how they have been alleviated or mitigated, changes in child and family functioning over time,

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<sup>1</sup> Inua Ubuntu was initiated in Allegheny County to counter the over-representation of African American males in the child welfare system. The program uses indigenous community resources to help keep children safe in their homes.



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and make a coordinated decision about reunification and aftercare. This effort will also include educating family court judges and other partners about this process to reduce the likelihood that children are reunified before the agency feels this is the right decision.

### **Evaluating and Strengthening Systems (Assessment)**

One of the first steps to achieving well-being is to understand the individual needs of children and families. Caseworkers will receive training on utilizing the array of assessments and tools to help understand and advocate for the individual needs of the children and families they serve. The CANS is the primary functional assessment tool used for children in Allegheny County because of its strength, validity and ability to measure well-being on an ongoing basis. At the child-level, CANS identifies needs and strengths including Life Functioning, Experiences with Trauma, Behavioral Emotional Needs, Risky Behavior and Family Functioning. It is a fully automated system that generates a summary that can be evaluated and discussed with the family.

The CANS data can also be used in the aggregate to determine the services needed to support children and families. For example, a recent review of the data showed that, on their initial assessment, 21% of children **demonstrated "actionable need" due to** their difficulty adjusting to trauma. While there is still work to be done so that assessments drive the services offered, there are a number of developments underway to augment this work. Allegheny County is developing algorithms that can assist caseworkers and families in identifying evidence-based services that will improve areas of functioning identified in the CANS. The county is also establishing regular reviews of aggregate data to ensure the county is allocating funding for services correctly.

Allegheny County is taking steps to incorporate other assessments into its practice that capture well-being. For example, the county has tools in place that address the behavioral health, physical health, and educational development of children in care. By incorporating these tools into practice, the county can improve the process and quality of care children and families in the child welfare system receive through these unique partnerships.

- ***Behavioral and Physical Health***

Allegheny County Department of Human Services is unique in that its Office of Children, Youth and Families is under the same human service umbrella as the Office of Behavioral Health, the Office of Intellectual Disability and the Office of Community Services. Unlike

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many counties, child welfare has direct access to behavioral health records and resources which informs the development of a continuum of services for children and families involved in other county systems.

Through an integrated approach to human services, Allegheny County has established partnerships with local health care providers to improve coordination of physical and behavioral health care for children in foster care. The Foster Care Program, which began in early 2008, is a joint effort of the Allegheny County Department of Human Services, UPMC for You, and Community Care Behavioral Health. In Pennsylvania, Medicaid managed care plans separate physical health services from behavioral health services. UPMC for You is the Medicaid physical health managed care **provider for 65% of the county's foster care population**. Community Care Behavioral Health is the behavioral health managed care provider for Medicaid recipients in the county.

The project includes the use of an electronic health record and will supplement **the county's efforts** to properly monitor the prescription of psychotropic medication among children in foster care. Recent analysis of psychotropic medication prescribing trends in **Community Care's foster care children and youth (age 20 and under)** found that 38% of children in foster care had at least one psychotropic medication prescription filled during the 18 month study period compared to 22% of children not in foster care. Thus, information from the e-health record will complement assessment tools in place so that the county can implement appropriate interventions that meet the identified need and reduce psychotropic prescription use.

- ***Educational Development***

Allegheny County is engaging in multiple strategies to address educational well-being. In partnership with the statewide effort to address educational well-being, Allegheny County completed the online implementation of the Pennsylvania State Education Screen into the **county's existing KIDS** (county case management information system), in January 2012. The screen includes questions related to the educational well-being of children and must be completed for all school-aged children active in the child welfare system every six months. As of April 2012, 135 screens were completed and approved and an additional 358 were in progress.

Additionally, Allegheny County has formed partnerships that have **enabled the county's acquisition of a better understanding of the children and youth it serves** through data sharing agreements with

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local school districts. In 2010, Allegheny County signed a Memorandum of Understanding (MOU) with Pittsburgh Public Schools, the largest of 43 school districts in the county. The agreement has enabled the electronic transfer of education outcome data to Allegheny County including daily attendance, tardies, suspensions, GPA, standardized test scores and more. This data populates the education records for over 2,500 dependent children and will continue to grow. Since then, Allegheny County has signed data sharing agreements with two additional school districts: Clairton and Woodland Hills.

Finally, to augment the work being done with school districts, the county **applied for and was awarded a discretionary Children's Bureau grant, Education Systems Collaborations to Increase Educational Stability.** The project is a partnership between child welfare, school **districts and children's court in Allegheny County and is expanding the use of the education data to improve outcomes for children.**

- ***Foster Care Resources***

Too often, children are placed with families that are not equipped to meet their needs or in a more restrictive placement than is necessary to meet their needs. The county will build on its work with the **Children's Bureau grant by creating tools that weight foster care resources to identify and match the children and youth with the right families through the Demonstration Project in order to improve child well-being and reduce the overutilization of congregate care.**

- ***Performance Based Contracting***

Working with Chapin Hall at the University of Chicago, Allegheny County has laid the ground work for performance based contracting. Key to performance based contracting is having an analytic model to understand how agencies perform and compare to one another on key system outcomes like timeliness to permanency, placement stability, and re-entry into care. This model, with both unadjusted scores as well as scores adjusted for caseload composition, has been in place for several years. The Demonstration Project will provide the flexibility of resources needed to use this data to incentive performance.

### **Improving the Quality of Care (Evidence-Based Programs)**

Utilizing robust assessments and tools to identify, monitor and track functioning over time is only one piece of the **county's strategy to improve child and family well-being, and reduce re-entries and the use of congregate care.** The quality of care children and families receive is an essential part of

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its plan to implement change. Allegheny County will accomplish this work through a complementary approach of scaling down ineffective service interventions and scaling up their service array of evidence-based programs, and by expanding aftercare services for youth exiting placement.

- **Service Inventory Review**

Allegheny County is well positioned to conduct a thorough analysis to determine the services that should be eliminated or expanded. In fact, much of this work will occur prior to implementation of the Demonstration Project. The county houses a central repository of social services data (i.e. behavioral health, public housing, criminal justice, and public education), enabling the county to track and report client demographic and service data across its program offices and beyond.

Allegheny County anticipates the review will demonstrate a significant mismatch between the identified needs and service availability. However, even if services are perfectly aligned with the need, the county must still assess the quality of services available and eliminate services that do not demonstrate measureable improvement from its service array. This effort will also strengthen its vast network of prevention-based services by identifying which services are the most effective at keeping children out of care. When the service inventory review is complete, caseworkers will also be trained on the various evidence-based interventions.

- **Scaling Up Evidence-Based Programs**

With the Demonstration Project, Allegheny County will issue a Request for Proposal (RFP) to establish services that address the needs of children and youth in placement. The RFP will use evidence-based and evidence-informed programs that promote healing and build skills and capacities. Examples of evidence-based programs Allegheny County will explore include PCIT, MST, Triple P Parenting Program and Trauma-Focused Cognitive-Behavioral Therapy. With the release of the RFP and the execution of contracts for additional evidence-based programs, Allegheny County will be explicit about the outcomes required. Many evidence-based programs have their own tools to assess improvements in functioning. For each service, Allegheny County will require these outcomes be documented in its information technology system.

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- **Expanding Aftercare Services**

Another important component of Allegheny County's plan as it relates to the Demonstration Project is the implementation of the Brief Wraparound-Residential & In-Community Stabilization model. The model will increase capacity for in-home and aftercare services to help reduce the number of days youth are in congregate care and the likelihood of re-entry. In Allegheny County, 44% of youth in care between 13 and 17 years old are in congregate care settings, and 43% of them have been in care for a year or longer. However, only 25% of youth exiting care in the county receive any paid non-placement services following their exit.

In-home and aftercare services are an important component of their plan. Too often, children and their families leave care without the appropriate supports in place for them to experience a successful and permanent transition from care. The plan provides continuity in care by maintaining the same residential care provider for the in-home and aftercare services. Thus, agencies and staff participating in this plan will focus more time and effort on youth and family activities away from the facility (i.e. home & community). This will require a concentrated effort by staff to work on skill development and enhancement that will increase the **youth's likelihood of success and well-being** when they return to their home and community.

- **Right-Sizing Foster Care**

Creating incentives to build and right-size the county's foster care home capacity will reduce the overutilization of congregate care and re-entry of older youth. The Demonstration Project will also provide the resources to recruit more families in communities and school districts that have the highest out-of-home placement rates through financial incentives. Allegheny County will also increase rates for foster homes, including therapeutic foster care homes that provide placements specifically to older youth and to families willing to accept sibling groups. Creating incentives to build and right-size the county's foster care home capacity will reduce the overutilization of congregate care and re-entry of older youth.

### **Dauphin County:**

Through use of the Demonstration Project, Dauphin County will enhance its use of family engagement strategies as a basis for performing quality assessments and connecting families to services based upon assessment outcomes. Dauphin County is currently presented with challenges in their

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community surrounding poverty, housing shortages, criminal activity, and drug and alcohol issues. The county housing office recently stopped accepting applications due to the extensive wait list; this has contributed to multiple family dwellings throughout the county. In addition, although many families have been identified as being involved with substances, either addictions or criminal involvement, few are actively engaged in treatment. These factors complicate family situations, and the county agency must be prepared to mitigate these circumstances with effective service interventions.

### **Family Engagement**

Dauphin County initiated the FGDM model in 2004. It continues to be the backbone of their efforts to develop a full array of practices devoted to family engagement and teaming. These practices include FGDM, Family Finding, informal family meetings, pre-court family meetings, Blended Perspective meetings, case triage, and interagency/multi-systems meetings (teaming) which are focused upon developing cross systems approaches to service delivery. The county has identified a number of strategies to enhance its teaming capacity to include a Cross Systems Protocol, Shared Case Responsibility (as explained in Section 16), and use of the Statewide Adoption and Permanency Network units of services to provide Family Finding activities. Through this work, the county is laying the foundation for quality assessments to occur.

### **Assessment**

Dauphin County is utilizing ASQ for youth under the age of 3 who have been victims of substantiated abuses. The county will increase the utilization of functional assessment tools, such as ASQ & CANS, to assist in assessment and connection to evidence-based and evidence-informed interventions.

### **Evidence-Based Programs**

Dauphin County identified an array of services to match the specific needs of children and families served through its child welfare system. These services range from programs that recognize the impact of trauma on children in placement to those intending to meet the diverse needs of families (including drug and alcohol usage, parenting truant children, and the strain caring for children places on kinship resources). Dauphin County intends on utilizing the Demonstration Project to reach full capacity in the following evidence-based and evidence-informed programs designed to meet these identified needs:

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- **Multi-systemic Therapy (MST)**

Dauphin County recognized the need to provide more intensive treatment to delinquent and dependent youth with issues of delinquency and/or drug and alcohol abuse. MST is an intensive, in-home, family centered treatment for youth engaging in acting out behaviors. It is an evidence-based, “Blueprint for Violence Prevention” program that focuses on all parts of **a family’s ecology to include the family, youth, school, peers, and community.** It is a short-term (3-5 month) program that can be used as either a preservation (for youth at risk of placement) or reunification (youth returning home from placement) service. It targets youth ages 12-17 at risk of out-of-home placement due to chronic, delinquent behaviors including truancy and academic problems, serious disrespect and disobedience, aggressive behavior, criminal behavior, drug and alcohol problems, and running away behaviors. MST is provided in the home or any part **of a youth’s ecology as needed.**

- **Multidimensional Treatment Foster Care (MTFC)**

In 2010, Dauphin County recognized the need to develop a unique foster care program that would serve as a viable option for youth who could be maintained safely in the community, either as an alternative to congregate care or as a step-down from a residential setting. The poor outcomes for youth who have been placed in congregate care led Dauphin Children and Youth Services and Juvenile Probation to seek a foster care agency that would initiate the MTFC model. MTFC offers an alternative to congregate care by providing a specialized approach to foster care services for both delinquent and dependent youth. Youth are ages 12-18 and are served for an average of 6-9 months. The intervention is multi-faceted and occurs in multiple settings, with components focusing on behavioral parent training for foster parents and biological parents, skills training for the youth, family therapy, supportive therapy, school-based interventions and academic support, and psychiatric consultations and medication management when needed.

- **Healthy Families Dauphin County – Nurse Family Partnership for Spanish speaking families**

Nurse-Family Partnership's maternal health program introduces vulnerable first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible

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start in life. The relationship between mother and nurse provides the foundation for strong families.

- **Intensive Drug and Alcohol Case Management**

Dauphin County has partnered with its county Drug and Alcohol Department to develop intensive case management services. While many families engaged in services are facing challenges with substance use, few actually access treatment. This program will emphasize a continuum of care; as such, Strengthening Families (*see below*) will be incorporated for parents to skill build around the areas of social competencies and parenting.

- **Strengthening Families Program (SFP)**

SFP is a nationally and internationally recognized parenting and family-strengthening program for high-risk and regular families. SFP is a research based, evidence-informed framework and family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

- **Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)**

TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques.

- **Facilitated Matching**

This teaming process will serve to engage all members of the team and provide a forum for youth and potential resource families to explore their match. A neutral facilitator will assist members in having **a voice to explore each party's needs and the supports that exist to meet those needs**. It is anticipated that this process will aid achieving placement stability; this outcome has been shown in other counties who have implemented this process.

- **Kinship Navigator**

In 2011, Dauphin County established a Kinship Navigator consultant contract with a local provider. This consultant works specifically with kin who are involved with the child welfare system in some manner,



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often as potential foster care providers, and it is identified that the kin **would benefit from specialized support and training as they “navigate”** the foster care approval process, court proceedings, and establish their role in providing support for children either in our custody, or in instances where the county is assisting the family to find alternatives to out-of-home placement.

- **Incredible Years**

Dauphin County continues to explore ways to improve the stability of children in placement, including those children in kinship placements. The Incredible Years series is an evidence-based intervention **recognized through the “Blueprints for Violence Prevention”** and SAMHSA model programs. The program is for both parents and youth ages 3-11. The youth component of the program focuses on emotional literacy, empathy, perspective talking, friendship and communications skills, anger management, interpersonal problem solving, school rules, and how to be successful at school. The parent component of the program includes positive nurturing parenting; reducing critical and ineffective discipline approaches, problem solving, anger management and communication skills, family support and school involvement, collaboration with schools, and increased involvement in academic related activities

- **Alternatives to Truancy – Why Try?**

Why Try is an evidence-informed curriculum provided to youth from kindergarten through 12<sup>th</sup> grade, and has been shown to improve outcomes in the areas of academics, behavior, and school attendance. The ten session curriculum is provided in a group setting, and is offered in summer programs, school settings, after school settings, and alternative school settings.

- **Neighborhood Reporting Center #1 & Neighborhood Reporting Center #2**

Another mechanism that Dauphin County is utilizing to address increased youth with challenging behaviors is through community-based alternatives to juvenile detention. This program serves youth ages 12-18, to which youth report from 3:00 pm – 8:00 pm, and all day Saturday. There they receive supervision, academic support, mentoring, socialization, and are provided mental health and drug and alcohol prevention and intervention services.

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**Lackawanna County:**

Since 2005 Lackawanna County Children and Youth Services has pursued the vision of becoming a clinically-based, research-grounded agency developing treatment and service plans to improve outcomes related to child safety, permanency, and well-being. The agency's goal is to integrate service planning with community partners such as the behavioral health system through the engagement of families and structured screening and assessment tools.

The agency is currently involved in a pilot with the behavioral health system to develop a unified service plan for children in care to ensure that families are receiving the services that best address safety threats and the underlying issues which lead to out-of-home placement. During the pilot and other administrative reviews of placement cases, administration identified that caseworkers, supervisors, and service providers generally find it difficult to identify when indicators of trauma exist or how trauma manifests itself in terms of risk, safety, and barriers to case planning.

**Family Engagement**

Lackawanna County began the practice of family engagement in 2005 with the introduction of the interactional helping skills and strengths-based, solution-focused skills. Lackawanna County implemented the practice of FGDM in 2005 and requires that caseworkers actively engage children and parents in developing their FSPs and Child Permanency Plans (CPPs) in accordance with this practice. Families are referred for Family Group Conferences (FGCs) in circumstances in which more formal family support is needed for the development and execution of the plan.

Lackawanna County implemented Family Finding in 2009 and currently uses it as a tool to locate family. Lackawanna County has been evaluating the need to expand this practice in order for frontline caseworkers to better understand the value of locating family members to serve as resources or connections, to learn a more structured means of locating and engaging family members, and to increase the number of children who can be placed with a kinship resource. Family Finding is often used in concert with Child Specific Recruitment for identification of resources or connections for children who have special needs or are difficult to place.

The county and families will benefit from increased knowledge and utilization of engagement skills. For the 2012 QSR, the indicator of Child/Youth and Family Planning cases were rated unacceptable for engagement/involvement

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of the child (38%), mother (23%), and father (78%) in case planning. Lackawanna County plans to have refresher trainings and transfer of learning for supervisors so they can model the skills through parallel practice in their supervision.

## **Assessment**

Consistent with the newly-established vision, the county developed a clinical unit in 2006 to conduct psychosocial assessments of parents using **structured interviews and structured assessment tools**. Currently the unit's services are used for only the most complicated cases; however, Lackawanna County intends to expand the scope of the unit through the Demonstration Project to include trauma screening for children. Currently the unit uses the following assessment tools along with numerous other screening tools: Adolescent and Adult Parent Inventory (AAPI-2), ASQ and ASQ-SE, Nurturing Skills Competency Scale – B5 Long Version (LV) (NSCS-2), Parenting Stress Index, and Symptom Checklist -90-R (SCLR-90-R). It is anticipated the unit will use the Traumatic Events Screening Inventory (TESI) or another similar tool. Lackawanna County is also evaluating the use of a trauma screen by frontline caseworkers and has garnered much information regarding child trauma from the many resources available through the National Child Traumatic Stress Network (NCTSN).

Additionally, a family assessment process is conducted by frontline caseworkers at the point of intake and no less than every six months along with the safety assessment and risk assessment. The family assessment **results in a comprehensive analysis of the family's strengths and needs**. Reviews of family assessments have found that caseworkers and supervisors view the family assessment as a superficial one-time action rather than a **dynamic, living assessment of the family's needs and underlying issues for child abuse or neglect**. The information in the family assessment is meant to inform the safety assessment and risk assessment, which then inform the plan. Lackawanna County is currently restructuring the family assessment process to use more structured screening and assessment tools, such as the ASQ/ASQ-SE, CANS or CAFAS, a trauma screen such as the TESI, and an assessment tool that measures parent and/or family functioning, such as the Adult Needs and Strengths Assessment (ANSA) or the Family Advocacy and Support Tool (FAST). Lackawanna County is also evaluating how to incorporate the screening and assessment tools and the information in the Enhancing Assessment Toolkit.

In order for these plans to be successful, there is a need for foundational training and skill-building for caseworkers and supervisors regarding

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interviewing, critical thinking skills, and assessments. One of the tools that will be used for this is the Enhancing Critical Thinking Guide, a manual developed to address the process by which decisions are made.

### **Evidence-Based Programs**

By tying family engagement, assessment, and critical thinking, the expected outcome is a comprehensive assessment that accurately identifies the underlying causes for child maltreatment. Accurate identification will lead to plans which fully address the needs of the parents and the expected outcome for the intervention. Consistent accurate identification of the needs of the child welfare population will result in systematic changes in the types of services that are offered. Expected outcomes are reduced placements; reduced use of congregate care; increased child well-being with a focus on medical, educational, and mental health outcomes; reduced length of time in **care; and permanency outcomes which match the children's needs and** are in their best interests.

Lackawanna County currently uses the following evidence-based/evidence-informed programs: Big Brothers/Big Sisters, PROSPER/Strengthening Families, 24/7 Dads curriculum, Nurturing Mothers curriculum, Parents as Teachers, MST, and Nurse-Family Partnership for pregnant adolescents. A service provider in the area recently began offering PCIT and this is a program that Lackawanna County will begin to use in the future. Lackawanna County uses these programs for the primary and secondary prevention of child maltreatment.

### **Philadelphia County:**

In 2007, the Philadelphia Department of Human Services began to make significant reforms to the child welfare system all of which were designed to improve the safety, permanency and well-being for the children and families of Philadelphia. In order to better ensure the safety of children, Philadelphia County instituted a comprehensive safety model of practice and embraced differential response through implementation of Hotline Guided Decision Making, which allows the Children and Youth Division to investigate and assess only those reports which are safety related while other families are referred for prevention services. Philadelphia County has also enhanced its public accountability with creation of the Division of Performance Management and Accountability (PMA). Philadelphia County is now able to use data to measure outcomes. Through the use of the Quality Service Reviews, Childstat and other quality improvement measures, Philadelphia

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County has increased its ability to more carefully examine and measure the **quality of the services provided to Philadelphia's children and families.**

As part of its continuing efforts to improve the safety, permanency, and well-being of children and youth, Philadelphia County is preparing to **implement a new cutting edge child welfare approach, "Improving Outcomes for Children (IOC)," in which a single case management organization—a community umbrella agency (CUA)—will be responsible for all in-home and out-of-home services for families within geographic catchment areas defined by neighborhoods.** The IOC will create a more effective, efficient, and accountable service delivery system, based in the communities in which the children and families live. IOC will also develop a better model of care with distinct, clearly defined, and well-understood roles for Philadelphia County and provider staff. Under IOC, Philadelphia County and the CUAs will engage neighborhoods as integral partners in order to strengthen the services provided to children and families.

Additionally through IOC, family inclusion and involvement in decision making will occur through an extensive TDM process. The Annie E. Casey Foundation is assisting in building TDM into the core design of IOC which has two identified outcomes: to safely reduce the number of children receiving placement services, and to decrease the percentage of children receiving placement services who are in more restrictive placements. IOC also includes aggressive and broad efforts for kin and foster family recruitment and retention, specifically foster families who can serve as a permanency **resource. IOC's emphasis on keeping children in their own communities is consistent with a reduction in congregate care.**

Through IOC, contracts with CUAs will enhance the emphasis on purchasing **results and outcomes** not only **services**; and the provision of these supports to children, youth, and families must be anchored in the communities where consumers live. IOC will facilitate and strengthen existing cross-systems collaboration efforts, integrating Community Behavioral Health **(Philadelphia's managed care organization)** and other key system partners into work with the CUAs. Philadelphia anticipates that it will take at least four years for IOC to be fully operational throughout the county – with the Demonstration Project this full implementation will occur more quickly.

IOC will continue to use PBC which is already being used in General and Treatment foster care. Currently, under General Foster Care, providers must achieve permanency benchmarks and remain within a non-permanency allowance. If they do not meet these standards, there is a financial impact on their administrative rate. Therapeutic Foster Care employs a bonus

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structure, where agencies must meet a positive outcome (permanency and step-down) benchmark, a step-up benchmark, and a compliance evaluation standard in order to earn a performance bonus. Philadelphia County contracts with providers to meet specific permanency goals according to the size of the agency caseload. Agencies that meet or exceed these performance expectations receive financial and practical benefits, while agencies that fall short of their contractual expectations are subject to financial disincentives. Unlike the previous system, in which providers received no incentives for high performance, PBC rewards providers that successfully move children to permanency. If a PBC agency achieves more exits to permanency than expected based on its contract size, the agency retains the funding to reinvest in service improvements such as lower caseloads or hiring of specialized support staff.

Finally, Philadelphia County is currently working on several initiatives, which it hopes to expand through the Demonstration Project, all of which relate to the core principles of IOC and are outcomes based approaches to investments in child welfare. These initiatives can be placed into the following categories: Family Engagement, Assessment and Services (including Evidence-Based Programs).

### **Family Engagement**

- **Strengthening Families**

Strengthening Families is a research-based, evidence-informed approach to practice central to the community based emphasis of IOC and uses community programs and parent cafes to enhance protective factors for children and families. Philadelphia County has engaged Casey Family Programs to assist with implementing this model and hopes to phase out our more traditional parenting programs in place of this more effective model.

- **Kin and Foster Home Recruitment**

Currently 32% of Philadelphia County's placement population is in kinship care. Philadelphia County will increase kin and foster home recruitment in the communities where children reside to maintain family and community connections. With the implementation of IOC, it will be important that CUAs receive support with developing a network of families from their CUA area.

- **Family Group Decision Making (FGDM)**

Philadelphia County uses the FGDM model as a method to facilitate reunification and to prevent initial placement. FGDM is used in

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conjunction with Family Finding to increase participation at team meetings. The County is committed to using this FGDM model as it moves forward with IOC in addition to other forms of teaming such as TDM and Child Safety Conferences.

- **Achieving Reunification Center (ARC)**

Philadelphia County will expand the ARC, a one stop center for parents working to reunify with their children. At this center, parents have access to parenting programs, job resources, therapy and visitation.

- **Youth Transition Conferences**

Philadelphia County will increase the use of Youth Transition Conferences which allow youth to bring their circle of support to the table to assist with permanency and independence.

- **Permanency Roundtables**

Increased use of Permanency Roundtables (described in section 16), which in Philadelphia are called Permanency Action Teams (PAT), will assist older youth with making the transition to permanency and/or independence.

- **Family Finding**

Under IOC, Family Finding will be implemented as part of our team decision making process starting with investigations. Increased focus on the recruitment of kin, not only for placement resources, but for increase of family connections and mentoring will provide better outcomes for youth.

## **Assessment**

- **Congregate Care Reduction Project**

Philadelphia County is currently undergoing an intensive review of all children in congregate care (Congregate Care Reduction Project). Beginning with a cohort of 970 youth, Philadelphia County is examining each case individually to determine which children can safely reunify and which children can step down to lower levels of care. The first subgroup of children being reviewed are those children with a goal of reunification who make regular home visits to their families. Philadelphia County is also working closely with the Philadelphia Court of Common Pleas to ensure prompt and regular court reviews for children with a goal of APPLA who can safely return home or step down. Finally, Philadelphia County expects to use the PAT process with this group of children to better include the youth in the process.

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- **Congregate Care Performance Assessment**

Through its PMA, Philadelphia County currently evaluates provider programs to assess performance. Philadelphia County expects to utilize permanency and well-being outcomes to evaluate congregate care settings and then phase out those providers with poor performance. Agencies with multiple sites will be ranked independently of one another so stronger sites can remain open. Mapping is being used as part of the evaluation process with priority being given to those agencies in close proximity to Philadelphia to foster community and family connections. The purpose is to reduce the number of congregate care beds while increasing the number of foster families. Philadelphia County will work with the current Foster Care Providers to develop the recruitment and support procedures.

- **The Behavioral Health Forensic Evaluation Unit (BHFEU)**

The Philadelphia Department of Behavioral Health and Intellectual Disability Services (DBH/IDS) have reorganized a BHFEU in partnership with Philadelphia County, located at the Philadelphia Family Court. Part-time consulting contracts are available for qualified psychiatrists and psychologists to perform comprehensive evaluations of children for the benefit of the Court, children, and families.

### **Services (Evidence-Based Programs)**

Philadelphia County is committed to the use of evidence-based programs as part of its service array. In addition, Philadelphia County will use the following services and programs to build a continuum of care to meet the diverse needs of children and families served:

- **System of Care**

Philadelphia is a new System of Care (SOC) site in Pennsylvania. In partnership with the Behavioral Health System and Family Court, Philadelphia County is working to implement High-Fidelity Wraparound which is a practice model representing a process of engaging families and youth to participate in their own planning for services, the result of which will be integrated into a single case plan for youth ages 13-15 years with: complex behavioral health needs; a diagnosis of a serious mental health disorder (excluding a diagnosis of Autism Spectrum Disorder); first-time contact with the youth detention center for a non-violent delinquency charge (e.g. not murder or first degree rape) with a recommendation for pre-adjudication diversion via formal adjustment procedures or via the Consent Decree process; and



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imminent, current or previous utilization of a restrictive, intensive level of behavioral health care (e.g. inpatient psychiatric, residential treatment facility, intensive use of BHRS).

- **Juvenile Justice Reform**

Philadelphia County is engaged as a cross system site with **Georgetown University's Center for Juvenile Justice Reform**. Philadelphia County is currently collaborating with Family Court and Juvenile Probation to divert child welfare cases from the Juvenile Justice System. Philadelphia County currently uses Functional Family Therapy (FFT) as a service to prevent the continuation of activities such as delinquency, violence, disruptive behaviors and substance abuse. The overall goal is to improve family communication and supportiveness, while decreasing the negativity and hopelessness that is embedded in troubled families. FFT is provided to families with children between the ages of 10-19 years old. If a child and family successfully complete FFT, the delinquency matter can be discharged.

- **Parent Child Interaction Therapy (PCIT)**

Philadelphia County currently uses PCIT with children in foster care. Because behavioral problems are a frequent cause of placement instability for children in foster care and can contribute to further **behavioral problems and poor outcomes**, The Children's Hospital of Philadelphia is collaborating with Philadelphia County and the DBH/IDS, as well as local foster care and behavioral health providers, to implement a two-tiered trauma informed behavioral health intervention based on PCIT for children in foster care with behavioral problems. The primary goal of this project is to perform a programmatic evaluation and determine the efficacy of a behavioral health intervention incorporating PCIT and a two-day, group-based parent training, and the Child Adult Relationship Enhancement (CARE) being implemented in three foster care agencies for foster children and foster caregivers. This service is for children 2-8 years old. Philadelphia County would like to expand this service under IOC to children receiving in-home services.

- **Multidimensional Treatment Foster Care (MTFC)**

Efforts are now underway to create MTFC homes for children and youth funded in partnership with the behavioral health system. A Request for Proposals is being issued to solicit a provider who can develop this evidence-based model. The Philadelphia managed care organization will fund the treatment-related costs while Philadelphia County will fund the room and board costs. The goal of the MTFC

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program is to decrease problem behavior and to increase developmentally appropriate behaviors in children and adolescents who are in need of out-of-home placement. The multi-faceted intervention includes:

1. Behavioral parent training and support for MTFC foster parents;
2. Family therapy for biological parents (or other aftercare resources);
3. Skills training for youth;
4. Supportive therapy for youth;
5. School-based behavioral interventions and academic support; and
6. Psychiatric consultation and medication management, when needed.

Cost savings associated with the implementation of MTFC in other states ranges between \$21,836 and \$87,622 per program participant. The goal is to divert youth from congregate care settings and from entering the delinquency system, which would subsequently incur greater costs to the systems of care. The cohort of youth that will be targeted for this pilot is currently being identified.

- **Aftercare Services**

Philadelphia County currently provides aftercare services for children who are reunified from general foster care. Philadelphia County would like to expand after care to all levels of care as the service is effective in reducing re-entry rates. This is in the planning phase of IOC.

- **Education Support Center (ESC)**

Philadelphia County will expand its ESC which currently consults and trains on education related matters. In addition, the ESC consults on individual cases to increase access to education for youth involved with the child welfare system. The ESC has been successful in advocating for foster care youth to remain in their home school. It has also assisted in obtaining transportation for these youth. Philadelphia County hopes to expand educational support services aimed at decreasing the number of youth placed due to school instability, truancy, and behavioral issues.

- **Housing**

Philadelphia County is currently collaborating with the Philadelphia Housing Authority to establish housing resources for youth aging out

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of foster care. Philadelphia County intends to further this collaboration by working to increase housing resources aimed at supporting stable and appropriate living arrangements for children at moderate risk of abuse and neglect.

In addition to existing strategies listed above, Philadelphia has also identified future services that could be developed to full-scale through the Demonstration Project. Such strategies include:

- Support groups for children and families;
- Child safety team meetings to redirect families to community services;
- Mentoring programs for children and parents;
- Short term respite services to reduce foster care entries by supporting families through a life crisis;
- Teen/Peer Court to address discipline issues in school and minor offenses in the community to decrease foster care entries due to behavioral and truancy issues;
- New mother support services for the purpose of enhancing cognitive, emotional, and behavioral protective capacities; and
- Partnerships with local businesses to provide youth with part-time job and internship experiences.

**Venango County:**

Venango County has created a tool box that contains evidence-based or evidence-informed programs that can be used to address most diagnoses and concerns in all age groups. While a majority of the interventions are already present in Venango County, the anticipated outcomes are not being achieved as intended.

This Demonstration Project will allow Venango County to:

- Implement a comprehensive assessment process with the CANS assessment as the core instrument by enabling required training and supervision;
- Assist in the recruitment, training and support of resource parents that will work with older youth and those children and youth that have a higher level of need;
- Support the roll-out of Triple P, including the purchase, training, and infrastructure necessary for successful implementation; and
- Increase the ability of the county to imbed Family Finding and Family Group Decision Making in the agency's practice.

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## **Family Engagement**

Venango County has adopted FGDM as the primary practice for family engagement. FGDM is used at several levels; to prevent case openings from intake, to prevent placement, as a discharge planning mechanism, and to develop Independent Living Plans. FGDM is also used to develop open adoption plans in accordance with state statute.

A second model of family engagement used in Venango County is Family Finding. Venango County staff was trained by Kevin Campbell in this process and in turn established Family Finding Teams. Recently, the county received additional training on Family Finding through the Child Welfare Resource Center as well as from Bob Friend from the Seneca Center. Venango County uses Legal Services Initiative paralegals to notify relatives within 30 days of **a child's placement**.

Additional engagement strategies are being developed through the QSR. Venango is a Phase 1 QSR county and has developed strategies that focus on improved engagement for fathers, especially those that are incarcerated. Overall, family engagement is an area needing improvement within casework practice. Several strategies to improve this outcome are strengths-based models of supervision, updating the agency protocol on family engagement and developing a protocol for case transfers.

Lastly, Venango County is working with a family advocacy agency to engage families and youth in the development of policy and practice. A youth advisory board will assure that the voice of youth and young adults will be **an important part of the county's practice improvement efforts**.

## **Assessment**

The adoption of an evidence-based assessment tool, such as the CANS, is necessary to ensure that children and families are receiving the services they need. While Venango County uses the Commonwealth-approved safety assessment as well as the risk assessment, aside from several assessments that are program specific, there is no current comprehensive assessment being used by the county child welfare agency. The Demonstration Project will provide the county with the ability to implement a comprehensive assessment process that will result in a reduction in placements as well as a reduction in length of time in placement. A thorough assessment will ensure that children and families are referred to the services that best meet their individual needs. Identification of individual strengths and needs will ensure

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that children are maintained with their communities with increased family supports whenever possible and when placement is necessary that children are placed in the least restrictive most appropriate placement.

### **Evidence-Based Programs**

As noted above, Venango County currently utilizes both MST and PCIT but also uses several other evidence-based and evidence-informed programs, which could be taken to scale during the Demonstration Project. These interventions are described below.

- **Effective Safe Parenting (ESP)**

About five years ago, Venango County noticed an increase in children in foster care due to substance affected parents. Venango County received a Time-Limited Family Reunification Grant. Supplemented by funds through the Needs-Based Plan and Budget process, Venango County replicated a successful model for working with substance affected parents called Project Connect. The program is effectively known as ESP.

ESP is a psychoeducational and cognitive behavioral approach to learning and focuses learning new appropriate parenting patterns to replace the abusive patterns. The intervention is most effective with families and children ages 6-12; however it has also been used with children ages 0-5 as well. The goals of the program are to increase **parents' sense of self-worth**, personal empowerment, empathy, and bonding abilities. It provides parents with alternative strategies for discipline to abusive practices that have been used in the past. It is also teaches parents age appropriate developmental expectations of children. The overall goal of the program is to reduce abuse and neglect rates.

- **Trauma-Focused Cognitive-Behavioral Therapy**

Venango County has struggled with youth re-entering care for several years and has consistently had one of the highest re-entry rates in the state. Venango has attempted a number of interventions to address this issue that have not been successful, but recently recognized the effect that trauma has on children in placement and on their families when children are removed and then returned. A year ago, one of **Venango's** in-home providers was able to offer their trauma-focused therapy to our consumers and over the past 10 months, 8 cases have been referred. In addition, Venango uses trauma-focused therapy for youth that have completed services for sexual victimization and

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require additional services. Despite the availability and utilization of evidence-based interventions to address trauma, the desired outcome of decreased entry or re-entry to foster care or congregate care is not being impacted significantly. Therefore, Venango wishes to further explore whether children are receiving the appropriate trauma-related intervention and has tentatively identified the CANS-Trauma Exposure and Adaptation version for implementation.

- **Triple P Positive Parenting**

This is an evidence-based program noted for improving child well-being. It is a comprehensive population-level intervention with flexibility for adaption to individual needs. The flexibility of the program allows parents to complete only the curriculum that is pertinent to their unique circumstances; rather than be subjected to curriculum that is irrelevant. It is a multi-level system that includes 5 intervention levels of increasing intensity and targeted population. The multi-level intervention allows families to be matched with the most appropriate level and type of service to meet their needs, as opposed to the standardized one size fits all approach to parenting curriculum.

## **6. Demonstration Project – Proposed Waiver Time Period:**

It is anticipated that the Demonstration Project will be approved by September 30, 2012. Pennsylvania anticipates full implementation of the project will begin on or before July 1, 2013 and requests approval for five years (20 fiscal quarters) through June 30, 2018. Pennsylvania will also look to extend its Demonstration Project through September 30, 2019 or as long as allowed under federal statute.

## **7. Demonstration Project – Impact on Safety, Permanency, and Well-Being:**

The operating hypothesis for Pennsylvania's demonstration project is if family members are engaged as part of the team with adequate information and a leading voice in decision making, and a thorough assessment of child and family strengths and needs occurs using a well-validated measure, then the most appropriate level of resources and services can be provided, implemented and monitored. The demonstration project provides participating counties with the flexibility to purchase the level of services needed, rather than trying to fit families and children into services and supports that are currently fundable under title IV-E. As a result, children and families served by the demonstration counties will experience better outcomes in safety, permanency and well-being than the comparison

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groups, and better outcomes both during and after the demonstration compared to the time period prior to the project. The specific outcomes that will be impacted related to permanency are: reduced re-entry into foster care; reduced use of congregate care and other high restriction level placements; and increased appropriate (i.e., least restrictive and stable) placements that meet the needs for nurturance, safety as well as developmental needs of the child and adolescent. These will be measured using both quantitative and qualitative means.

While each of the demonstration counties has unique challenges related to their provider and service array network, workforce and geography, the shared strategies across all of these counties include: widening the circle of family support and including youth and family voice (family group engagement such as FGDM, family finding); building accountability into service and placement decisions (team decision making, performance-based contracting, permanency roundtables, and use of structured functional assessments to guide decisions); and using evidence-based and supported interventions to address underlying causes that disrupt placements and cause youth and children to re-enter care (Multidimensional Treatment Foster Care; parenting programs with evidence such as Triple P.

The outcomes related to improved child well-being are:

- improved parent behavioral health and functioning;
- increased parenting skills;
- decreased placement disruptions due to child and youth behaviors;  
and
- improved child and youth functioning at home, school and in the community;

These will be measured using (not limited to) the following assessment measures: child and adolescent needs and strengths including trauma modules (CANS); parental stress index; child functioning (CAFAS); as well as intervention specific measures. Other indicators will include data from the CFSR and the QSR.

Appendix 1 contains the logic model for the Demonstration Project proposed in this application. This logic model will also serve as the basis for Pennsylvania evaluation activities.

Pennsylvania will focus on strategies in the areas of **family engagement, assessment, and evidence-based programs** to improve child and family functioning and to improve placement decisions. Each of these strategies

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will contribute to safety, permanency, and well-being outcomes in varying ways. In addition, each strategy also has specific proximal outcomes. The outcomes and means of evaluating them are described in greater detail in Section 5 and in Section 8.

### **Family Engagement**

It is anticipated that safety and permanency will be positively impacted through family engagement strategies by locating family members and engaging community resources. These resources can provide additional supports to families to help ensure safety in the home, prevent child entries and re-entries into care, and ensure the safe return of children to the home. Moreover, by promoting family engagement and widening the circle of supports available to families, it is likely that parenting stress will reduce, thus improving child and family well-being. Finally, the presence of additional supports will afford families the flexibility and resources (e.g., transportation, babysitting) needed to more easily engage in evidence-based programs.

### **Assessment**

By utilizing a screening tool such as the ASQ and functional assessments such as the CANS and CAFAS, Pennsylvania will be better able to consistently and accurately assess the well-being needs of children and match them with appropriate evidence-based programs intended to improve their well-being and increase permanency. Through use of the REM-Y, youth will be more likely to be placed in the most appropriate, least restrictive placements. Assessments will have a critical, but indirect, impact on **children's permanency and well-being outcomes.**

### **Evidence-Based Practices**

When families are actively engaged in the case planning, and proper assessments have been conducted, efforts should focus on the appropriate use of evidence-based programs to address identified needs. Evidence-based programs alone, however, **are not the answer to every family's** challenges. It is the proper identification and use of these practices that is vital to sustaining lasting change for the children and families that we serve. **Moreover it is a family's understanding of these** resources and enhancing their capacity for self-directed care that will ultimately enhance child and parent abilities. While two particular programs are highlighted below, we anticipate that we will scale up our use of a variety of programs as we learn more about child and family needs through assessment.



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MST will impact child well-being by reducing youth's behavior problems and improving family relations and functioning. MST is also expected to impact permanency by decreasing out-of-home placements for participating youth. **MST will also improve youth's safety by teaching parents more appropriate disciplinary techniques.**

**PCIT will improve children's well-being** by improving their behavior (e.g., decreasing disruptive/inappropriate behaviors) and improving their relationship with their parents. Safety outcomes will also improve as parents experience less stress and gain the skills and confidence to appropriately and safely engage with their children, thus decreasing the likelihood of maltreatment and/or physical abuse.

### **Outcomes**

As the relationship between children and their parents improves as a result of engaging in these interventions, it is expected to impact permanency outcomes, including:

- A reduction in the number of children and youth entering placement; (with a particular focus on reducing placement in congregate care)
- A reduction in the number of youth reentering care;
- Reduced lengths of stay in placement; and/or
- An increase in youth being placed in the most appropriate, least restrictive placements.

### **8. Demonstration Project - Description of the Proposed Evaluation Design:**

Pennsylvania anticipates that each county will engage in the specific strategies as described in Section 5.

**The key child welfare outcomes that Pennsylvania's** Demonstration Project seeks to address are (1) improved child and family functioning and (2) improved placement decisions. Improvements in child and family functioning will vary depending on the practices and strategies in which families engage as well as the ages/developmental levels of the children. Despite differences based on age and interventions, we expect children and families to show improvements in well-being, including better social, emotional, and behavioral functioning as measured by ongoing, county-level assessments of functioning, needs and strengths (e.g., ASQ, CANS, CAFAS)

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and/or the use of intervention-specific assessments. Another indicator of improved child and family functioning will be a reduction in the re-entry of youth into care. Improved placement decisions is linked to increased placement prevention (i.e., decreased placement and re-entry), decreased congregate care, and increased appropriate (i.e., least restrictive and stable) placement. We anticipate that accurate assessment coupled with family engagement strategies will lead to placement decisions based on need and available supports, resulting in a reduction in the number of children and youth entering placement (with a particular focus on reducing placement in congregate care), a reduction in re-entry into care, and an increase in youth being placed in the most appropriate, least restrictive placements.

**Pennsylvania's evaluation will consist of three components: a process evaluation, an outcome evaluation, and a cost analysis.** The process evaluation will utilize a mixed design, using record review along with qualitative analyses (focus groups, key informant interviews, and QSR data) and quantitative data (ASQ, CANS, CAFAS). The process evaluation will describe the county and state level planning processes as well as implementation readiness in each of the participating counties. Implementation fidelity will also be a focus of the process evaluation, in order to ensure that each of the interventions is being implemented as directed. Finally, the process evaluation will examine the quality of services that children and families have received. For example, we will seek to answer the following questions: Are child and family needs being assessed adequately and are they receiving needed services? Are extended family and community supports being engaged and how involved are families in case decision making and planning? Is there a change in the service array? Has there been an increase in collaborative relationships between systems (e.g., education, judicial, mental health) and between providers and systems?

The outcome evaluation will utilize an interrupted time series design; we will establish baselines for each outcome before the demonstration begins and will monitor and report progress on each outcome at selected time intervals. This approach will allow us to assess longitudinal patterns on key outcomes, **especially as they correspond with Pennsylvania's Child and Family Services Review (CFSR) measures.** Key outcome indicators include maltreatment recurrence, rate of entry into care (and congregate care in particular), length of stay in care, rates of re-entry into care, and exits to permanency. Additionally, in order to discern differences in outcomes between intervention and non-intervention children and families, we will utilize propensity score matching (PSM) to create comparison groups in each county. Although two participating counties were tentatively willing to randomly assign families to PCIT or MST, there were concerns about being

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able to do so before those interventions were scaled up sufficiently, as well as ethical concerns about not being able to direct families toward the best possible services. Further, due to the demographic composition of the participating counties, it will not be feasible for us to utilize a comparison county evaluation design (i.e., two of the participating counties do not have an appropriate comparison county). PSM was selected as the most rigorous possible alternative approach to an experimental design. It was selected because of its ability to correct biased selection into conditions; PSM has been increasingly recommended and utilized in social science research to account for selection bias when comparing nonequivalent groups, particularly when random assignment to conditions is not feasible. This approach will allow us to create matched groups in each participating county, which we can then analyze at both county and state (aggregate) levels to determine the effectiveness of the selected interventions.

Although Pennsylvania is proposing to use a capped allocation process, the appropriate methods for meeting cost neutrality will be developed through negotiation between the Department of Health and Human Services and the Commonwealth. Therefore, the fiscal study design is preliminary, and contingent upon the final financial model. However, the overall goal of the fiscal evaluation is to compare the costs of key elements of child welfare services received under the Demonstration Project to the costs of child welfare services provided prior to the start of the demonstration in order to determine if these changes result in sufficient cost savings to justify the investment of title IV-E dollars to other interventions.

The units of analysis will be both county and child/family. Specific issues and questions to be addressed by the fiscal evaluation are as follows. At the county level, (1) Confirm cost neutrality of the Demonstration Project (total expenditures); (2) Did foster care maintenance expenditures and administrative costs decrease following the Demonstration Project for the participating counties, compared to the period prior to the Demonstration Project? (3) Did congregate care expenditures and administrative costs decrease following the Demonstration Project for the participating counties, compared to the period prior to the Demonstration Project? (4) Did the proportion of MA-funded behavioral mental health services for children and parents change following the Demonstration Project, compared to the period prior to the Demonstration Project? Specifically, what were those interventions? (5) Did the proportion of services provided through other federal non-waiver funding sources such as titles IV-A, IV-B and XIX as well as any other federal funding sources change? (6) What alternative services and supports were title IV-E funds utilized for in the period following the Demonstration Project and what was the cost? (7) How did county

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administrators and case workers determine what services were purchased, managed? What barriers and challenges did they experience? Counties will be compared and the results will be aggregated for the participating counties. We propose creating a five year fiscal year baseline (SFY-2008, 2009, 2010, 2011, 2012), then prospectively during the five year waiver. Specific measures are yet to be determined but would likely be expenditures in dollars; ratios and proportions. Sources of data would include county databases, managed care databases, fiscal management systems, and key informant interviews.

At the child level, we will determine the total amount spent on all children in the Demonstration Project group compared to the comparison group created by PSM; and the average cost and median costs of services for children in the Demonstration Project group compared to the comparison group. **We will also create a cohort of "successful cases" and "unsuccessful cases"** based on outcome criteria and conduct a cost/benefit analysis comparing total expenditures as well as service utilization patterns.

**9. Demonstration Project - Projected Costs or Savings Estimates:**

A fixed allocation schedule will determine the title IV-E funding stream over the course of the Demonstration Project. Any savings realized through the use of the Demonstration Project will be reinvested for the delivery of child welfare services. As described earlier in this application, Pennsylvania anticipates a reduction in foster care placements, over the course of the Demonstration Project, with a focus on reducing placement in congregate care and reducing entries and re-entries. The resulting savings will be reinvested to support systems change and to further the provision of in-home and prevention services in participating counties.

**10. Demonstration Project - Federal Cost-Neutrality Methodology:**

Pennsylvania plans to use a fixed title IV-E allocation schedule, which will ensure federal cost-neutrality over the course of the demonstration. The state anticipates that title IV-E funding for participating counties will consist of a base allocation and a growth factor, to be developed during negotiations between the state and the federal government. The state is currently in the process of determining the proposed baseline.

Pennsylvania proposes that the baseline allocation be established at a statewide level. A methodology will subsequently be developed to determine the capped funding schedule for each of the participating counties.

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The state anticipates that the initial, proposed baseline will be developed using an average of total title IV-E claims over a three-year period ending in fiscal year 2010 (FFY07/08, FFY08/09, and FFY09/10). Because the state still has active billing for FY10/11 and FY11/12, the data for these two years **is not representative of actual trends in Pennsylvania's title IV-E reimbursement history**, and therefore will not be used to establish the proposed baseline.

During the past four years, in addition to a positive statewide reduction in out-of-home placement, Pennsylvania has seen a disproportionate reduction in title IV-E revenue drawdowns. The contributing factors have included: the implementation of updated documentation and reporting requirements for the Random Moment Time Study (RMTS); the deferral of title IV-E funds related to group home and institutional placements through a capped reimbursement process; and, a new statewide title IV-E maximum allowable per diem determination and approval process. The process for determining maximum allowable per diems is also one of the main factors contributing to **Pennsylvania's high volume of retroactive claiming.**

Through a series of targeted statewide interventions, Pennsylvania is working to improve its recovery of title IV-E eligible expenses. Absent a waiver, the state would expect to see an increase in title IV-E drawdown in the coming fiscal years. Consequently, the impact of system improvements efforts currently being implemented will be quantified and factored into the proposed baseline allocation for the Demonstration Project.

#### *Title IV-E in Pennsylvania*

From FFY07/08 through FFY09/10, Pennsylvania claimed an average of \$308 million in title IV-E funds per year. Title IV-E funds dedicated to foster care make up approximately 72% of the annual total. The five counties included in this Demonstration Project proposal comprise 53% of overall Pennsylvania **child welfare funding and 53% of the State's title IV-E drawdown.**

#### **11. Demonstration Project – Impact on Current Projects:**

Pennsylvania is involved in a number of statewide and local evidence-based and evidence-informed strategies that align with the goals and priorities of the Demonstration Project. As Pennsylvania is already undertaking these strategies, there are no plan amendments needed to fulfill these goals. Many of these initiatives require cross systems collaboration with state and local partners that include but are not limited to medical assistance, mental health, intellectual disability, drug & alcohol, the courts, education,

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behavioral health managed care organizations, and advocates. Examples of these initiatives are a review of psychotropic medication usage for children in Pennsylvania and strategies to decrease usage, increasing the availability of evidence-based programs, and increased usage of assessment tools to provide appropriate services to children and families. It is the goal of this demonstration project to enhance these initiatives to improve outcomes for children and families.

Pennsylvania has begun the process of examining the usage of psychotropic medication for all children, particularly those served by Medicaid. In 2009, at the direction of the Secretary of the Pennsylvania Department of Public Welfare (DPW), the Office of Mental Health and Substance Abuse Services (OMHSAS) convened a group to develop recommendations regarding pediatric psychotropic medication. This work has continued through the Pennsylvania State Roundtable, a collaboration between the Administrative Office of the Pennsylvania Courts (AOPC) and DPW. Together with members of the prescribing community, the Office of Medical Assistance Programs (OMAP), the Children's Hospital of Philadelphia, behavioral health managed care organizations and other system partners, the State Roundtable Workgroup on Psychotropic Medication is reviewing the use of psychotropic medications with children in foster care on a county level. This information will help inform counties as they move forward with ensuring the appropriate use of psychotropic medications for children in foster care. One example of this county-level work is seen in Allegheny County where they have already begun work with their health care providers and physical and behavioral health managed care organizations to provide electronic health records for **children in foster care. These records will supplement the county's efforts** to properly monitor the prescription of psychotropic medication. The State Roundtable Workgroup will also look specifically at the recommendations made by the DPW Pediatric Medication Workgroup and work towards incorporating them as appropriate in developing best practice protocols, the goal of the workgroup during the coming months. These recommendations will further inform the work of county child welfare agencies, mental health services, and the courts.

Pennsylvania has seen improved safety, well-being and permanency outcomes for children involved with evidence-based and evidence-informed services. Many of these services, including MST, MTFC, FFT, High Fidelity Wraparound, TF-CBT and PCIT, are Medicaid funded services. The state and counties have partnered with mental health, OMAP, and behavioral health managed care organizations to increase the availability of these services; however, communities have continued to struggle with starting these programs, as start up costs are high and not Medicaid funded. Additionally,

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while youth in foster care are Medicaid eligible in Pennsylvania, many of these services are intended to prevent placement and benefit many children who are not Medicaid eligible. In Dauphin County, MST has been used as an alternative to congregate care placement and successfully reunifying families. By working with the provider and behavioral health managed care organization, services have been expanded and approximately 70 percent of the funding is MA and 30 percent child welfare. It is the hope of Dauphin County to be able to expand these services further, prevent placements, and reunify additional families through the Demonstration Project. The Demonstration Project will provide the flexibility to fund start up costs, increase the availability of these services, and provide services to children who are not Medicaid eligible and prevent placement.

By increasing the usage of assessment tools to identify the strengths and needs of children and families, appropriate and effective services will be provided and improve outcomes for children and families. It is the hope of child welfare, mental health, the courts, and medical assistance at both the state and local level that these assessments will not only improve outcomes, but limit the number of ineffective and inappropriate services provided to and funded for children and families. In Philadelphia County, the rates of permanency for foster care and kinship care have more than doubled since the initiation of Performance Based Contracting/Provider Report Cards. Increasing use of functional assessments to ensure appropriate services for children and families will enhance this work and provide even better outcomes. By working together with these system partners, effective services will be scaled up and ineffective services will be scaled down.

Pennsylvania and its stakeholders assert that all of these initiatives can continue within their existing authority and no other waivers are needed, nor does it affect any existing waivers. The Demonstration Project will enhance these initiatives and allow the state to move forward to improve outcomes for children and families.

**12. Demonstration Project – Accounting of Funding for Past Two Fiscal Years:**

Pennsylvania is one of thirteen states operating a state-supervised, county-administered system. Funding is allocated to each of the State's 67 County Children and Youth Agencies through the annual NBPB. The NBPB is a county developed two-year fiscal and programmatic plan which is reviewed and approved by OCYF.

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The revenue streams detailed in this section support dependent and delinquent in-home services, dependent and delinquent substitute care services (including juvenile detention centers and secure facilities), and administrative costs of the IV-B agency. Revenues related to state run secure facilities (Youth Detention Centers/Youth Forestry Camps) have been excluded.

***Additional Investments, Statewide***

	<b>SFY09-10</b>	<b>SFY10-11</b>
<b>STATE SHARE - ACT 148</b>	\$947,597,233	\$964,900,598
<b>LOCAL SHARE:</b>		
<b>County (Reimbursable)</b>	\$343,107,899	\$347,214,926
<b>County (Non-Reimbursable)</b>	\$2,404,273	\$3,643,586
<b>OTHER SOURCES</b>		
<b>TANF</b>	\$67,670,111	\$56,789,427
<b>Title XX</b>	\$12,021,008	\$12,011,374
<b>Title IV-B</b>	\$8,869,995	\$8,849,180
<b>Medical Assistance</b>	\$1,413,068	\$1,068,863
<b>Chafee Foster Care Independence Program</b>	\$4,889,540	\$4,840,304
<b>Program Income</b>	\$35,984,327	\$31,384,913
<b>Special Grants - State</b>	\$41,265,087	\$46,714,195
<b>Special Grants - Local</b>	\$4,648,271	\$5,545,174
<b>TOTAL</b>	<b>\$1,469,870,812</b>	<b>\$1,482,962,540</b>

PA Act 148 of 1976 is the primary source of state child welfare funding. These dollars support in-home, out-of-home and preventative services to children and youth in the child welfare system.

**Local contributions are the county's share of remaining costs after all program income and federal revenues have been exhausted.** As defined by Title 55 Pennsylvania Code, Chapter §3140, local county child welfare agencies are required to contribute matching funds to draw down state and federal resources. In addition to local match funding, counties contribute to county-specific programs which are not reimbursable.

Federal funding sources (excluding title IV-E foster care dollars) are comprised of: Temporary Assistance for Needy Families (TANF) - including state and federal contributions, title XX - Social Services Block Grant



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(SSBG), title IV-B - Stephanie Tubbs Jones Child Welfare Services Program, title XIX - Medicaid, and the Chafee Foster Care Independence Program.

Program income includes, but is not limited to, Social Security benefits, **veteran's dependent and survivor benefits**, and title IV-D received on behalf of children in substitute care.

Special Grants funding includes Evidence-Based Programs, Promising Practices, Independent Living, and Housing.

**13. Demonstration Project – Attestation of Spending:**

The Department of Public Welfare through the Office of Children, Youth and Families assures that the agency will continue to provide an accounting of any additional federal, state, tribal, and local investments, as well as any private investments made in coordination with the title IV-E agency to provide the related service intervention(s) for each year of the approved demonstration project.

**14. Demonstration Project – Statutory and Regulatory Waiver Requirements:**

Waivers of the following provisions of the Social Security Act and Program Regulations are requested by Pennsylvania to operate the Demonstration Project as articulated in this application:

- Section 470, related to eligibility for assistance;
- Section 471(a)(1), related to foster care payments;
- Section 471(a)(5), related to program administration;
- Section 472, except that children in foster care shall continue to be eligible for Medicaid under title XIX and shall continue to be considered a dependent child for purposes of title XX, consistent with the provisions of section 472(h)(1);
- Section 474(a)(1), related to foster care maintenance payments;
- Section 474(a)(3) and 45 CFR 1356.60(c)(3), related to foster care administration but excluding section 474(3)(C) related to planning, design, development, or installation of a SACWIS project, and
- Section 474(b)(1), related to quarterly payments to the state, to the extent such provisions are inconsistent with the proposed Demonstration Project.

To summarize, the proposed Demonstration Project is seeking a waiver to expand eligibility for children and families who are not normally eligible

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under Part E of the title IV as well as expand services to allow the Commonwealth to make payments for services that will be provided that are not normally covered under Part E of title IV of the Social Security Act. It is understood by the Commonwealth that any waivers granted would only be used to the extent necessary to accomplish the project as described in this application.

Regarding inclusions/exclusions in the proposed Demonstration Project, the following list has been developed to guide the waiver approval process:

	<b>Included in the Waiver Application</b>	<b>Excluded from the Waiver Application</b>
Family Foster Care	Yes	
Congregate Care	Yes	
Administrative Costs – Foster Care	Yes	
Administrative Costs – JPO	Yes	
Training (C&Y and JPO)	Yes	
Adoption		Yes
SPLC (Guardianship Assistance)		Yes
Fostering Connections – Youth in Care 18-21		Yes
Administrative Costs – Adoption		Yes
Administrative Costs – SPLC		Yes
Training (Adoption, SPLC)		Yes
Retroactive Claiming		Yes
Chafee Grant		Yes
Statewide Information Technology		Yes

**15. Demonstration Project – Relationship to PA Child Welfare Information Systems:**

Pennsylvania does not currently have a statewide information technology system (SACWIS) which meets federal requirements for enhanced SACWIS funding. However, a multi-year incremental long-term plan for development of a child welfare information system that meets state and county business needs has been submitted and approved by ACF. In 2009, the Department completed a Feasibility Study and Alternatives Analysis for the implementation of a Statewide Child Welfare Information System Solution. As a result, a hybrid solution that leverages existing Commonwealth and county assets will evolve into a state system that:

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- Consolidates a centralized database and services at the state-level to meet coordination, management, reporting and analysis needs;
- Recognizes and enhances a set of sustainable county systems; and
- Creates an infrastructure to feed data between the state-level and the county systems, and enables cross-Commonwealth searching of children in the system.

Implementation of this demonstration project will have no implications on state and/or county information technology systems.

Use of title IV-E funds to support this system is based upon Pennsylvania's Federal Financial Participation Rate and would remain outside the scope of the Demonstration Project.

**16. Demonstration Project - Demonstration of Readiness:**

As previously noted, Pennsylvania is committed to sustaining lasting change within its child welfare system. This is evidenced through the numerous state and county specific efforts that have been undertaken thus far to support the reduction of children in foster care through implementation of evidence-based and evidence-informed programs critical to the expansion of effective community based services and supports for children and families. True to the intent of the demonstration project, Pennsylvania is looking to build upon current success to achieve greater results. Approval of the demonstration project will permit the expansion of services at a more rapid rate thereby resulting in improved efficiencies and effectiveness in service provision. **Pennsylvania's success in safely reducing the foster care** population has yielded favorable results, but much work remains. One of the strengths that a state-supervised, county administered system possesses is the ability of counties to identify solutions that are unique to their communities and locally grounded. County based initiatives rely on a high level of localized stakeholder engagement that has produced positive systems changes that are at a rapid rate with a greater chance of becoming self-sustaining due to the local community benefits that are self-evident. While the state provides the overarching framework for service delivery, counties maintain the flexibility to create the roadmap for local change.

In 2008, Pennsylvania launched a special grants program which incentivized the use of evidence-based, evidence-informed programs, as well as nationally recognized promising practices by supporting these programs at an increased state reimbursement rate. The five initial participating counties

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availed themselves of these special grants through implementation of programs that were focused on preventing placements as well as expediting permanency for children. These programs included: Multi-Systemic Therapy, Functional Family Therapy, Multi-Dimensional Treatment Foster Care, High-Fidelity Wraparound, Family Group Decision Making, Family Finding, Family Development Credentialing, Alternatives to Truancy, Housing Initiative and Pennsylvanian Promising Practices.

**Additionally, Pennsylvania was a member of the National Governor's Association (NGA) Policy Academy to Safely Reduce the Number of Children in Foster Care.** As a result of this work, participating counties used county specific data to identify placement drivers associated with children entering care and currently in care and through the use of a logic model, identified specific outcomes and strategies to address local needs.

Casey Family Programs has also partnered with numerous Pennsylvania child welfare system partners to promote greater emphasis on safe foster care reduction. These partnerships include county specific work with Allegheny and Philadelphia Counties, partnerships with the Administrative Office of Pennsylvania Courts, Pennsylvania Partnerships for Children as well as the Commonwealth. Through these partnerships, all Pennsylvania partners are committed to continued safe reduction of the foster care population and supporting development of policy and practice that support improved outcomes for children and families. At the state level, this partnership has supported the development and implementation of continuous quality improvement efforts and quality services reviews, implementation of permanency roundtables, development of a practice model as well as support for the NGA and Permanency Practice Initiative.

In Philadelphia, Casey Family Programs is providing significant support to the development and implementation of the Improving Outcomes for Children (IOC) project and the development of Strengthening Families which uses community programs to strengthen the protective capacities of families. Venango County has worked with Casey Family Programs in establishing peer relationships with other states regarding the safe reduction of congregate care.

In partnership with Casey Family Programs, Allegheny County is preparing to implement a Permanency Roundtable process in the fall of 2012. Permanency Roundtables are structured, professional case consultations designed to expedite permanency for youth in out-of-home care through **innovative thinking, application of best practices, and "busting" of systemic barriers.**

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**Pennsylvania's Permanency Practice Initiative (PPI)** is a strength-based approach that brings enhanced judicial oversight to dependency cases. This program operates in partnership with the Pennsylvania Supreme Court and the Administrative Office of the Pennsylvania Courts. The underlying theory on which the PPI was built is that enhanced judicial oversight combined with strength-based, family-led practice will ultimately increase the number of children safely maintained in their own homes and support expedited permanency either through safe reunification or the finalization of another permanent plan. Participating counties must commit to implementation of Family Finding, Family Group Decision Making, Family Development Credentialing, three-month permanency hearings, grief and loss focused practice, and use of the Common Pleas Case Management System. A local **children's roundtable** guides this work and ensures that local partnerships are formed which have led to long-term systems change. These partnerships have been the cornerstone for local systems improvements and bring all stakeholders to the table. As a result of this work, great strides have been made and will continue to guide local systems change. All five demonstration project counties are members of this initiative and have the benefit of tremendous leaders in their county judges. The impact of these positive judicial relationships cannot be overstated to the success of every Pennsylvania initiative and the meeting of our Demonstration Project goals. Of special note, dependency judges across the Commonwealth will be offered trauma training in an upcoming webinar educational series scheduled to begin July 2012. This effort to enhance judicial understanding of the impact trauma has on children, families and communities is sure to support all goals of the Demonstration Project, particularly those associated with well-being measurements.

In 2010, statewide policy was issued recognizing that youth adjudicated delinquent through the juvenile court system, and their families, may have similar needs and issues to youth and families involved in the child welfare system and, as such, are entitled to the rights and protections of that **system. Likewise, many youth with dependency issues also engage in 'pre-delinquent' behavior, and may benefit from some interface with the juvenile justice system, such as a delinquency prevention program.** As a result, guidance was provided to support the shared responsibility for crossover youth between the child welfare and juvenile justice systems. Efforts to enhance local collaboration for this population continue to evolve to ensure that their needs are met through the provision of services that will ultimately reduce recidivism and support self-sufficient return to their communities.

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As an outgrowth of the commitment of the Pennsylvania Council of Chief **Juvenile Probation Officers, Juvenile Court Judges' Commission, and** Pennsylvania Commission on Crime and Delinquency to develop a strategy to employ evidence-based practices throughout the juvenile justice system, **Pennsylvania's Juvenile Justice System Enhancement Strategy (JJSES)** was unveiled at the 2010 Pennsylvania Conference on Juvenile Justice. This strategy is dedicated to working in partnership to enhance the capacity of **Pennsylvania's juvenile justice system to achieve** its balanced and restorative justice mission by: employing evidence-based practices, with fidelity, at every stage of the juvenile justice process; collecting and analyzing the data necessary to measure the results of these efforts; and, with this knowledge, striving to continuously improve the quality of our decisions, services and programs. The JJSES emphasizes the use of valid **and reliable screening and assessment instruments to measure a juvenile's** risks and needs, and to develop strength-based dispositional recommendations and case plans to address them.

**Additionally, as evidenced through Pennsylvania's Child and Family Service Review Program Improvement Plan,** there has been a shift in focus from a compliance driven system to a quality and outcomes driven system. Pennsylvania is committed to continuing the work undertaken as part of the two-year PIP through inclusion of these system enhancements in the Child and Family Services Plan.

As is evidenced in the previously noted data analysis, Pennsylvania has a high percentage of youth ages 13-17 in foster care. Recognizing the need to improve efforts related to youth involved within our child welfare system, Pennsylvania will be moving forward to implement the optional requirements related to extending youth in care to age 21 consistent with the optional requirement under Fostering Connections to Success and Increasing Adoptions Act. Legislation was enacted on June 30 and July 5, 2012 that will lead to an **amendment to Pennsylvania's** title IV-E plan. Specifically, Pennsylvania expanded the definition of "child" to include youth who are working 80 hours per month or who are involved in a program to eliminate barriers to employment; to permit youth who exit the system on or after their 18<sup>th</sup> birthday to re-enter care prior to age 21, as well as extending adoption and guardianship subsidies up to age 21 for youth who are adopted or placed with a permanent legal custodian after the age of 13. As it relates to adoption and guardianship subsidies, Pennsylvania chose to go beyond the federal requirements given the large number of youth in care between the ages of 13-17 to ensure that we are promoting their permanency in a timely manner. Pennsylvania recognizes that by going beyond the federal requirements, a portion of these subsidies will be supported with state and

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local funds and is further evidence that Pennsylvania is committed to implementation of policies and practice that support the needs of the children, youth and families that we serve.

In 2009, Pennsylvania began the Pennsylvania System of Care Partnership, which is a collaboration between family, youth, and system partners in mental health, child welfare, education, drug & alcohol, and the courts. A System of Care (SOC) entails substantial, measureable organizational change, going beyond collaboration to true and equal partnership among systems, youth and families. High Fidelity Wraparound, an evidence-based practice, is used to incorporate youth and families as equal partners in their service planning. SOC focuses on youth ages 8-18 that have complex behavioral health needs and multisystem involvement, and their families. At the state level, SOC utilizes a State Leadership Team, comprised equally of youth and family representatives and top officials from the child serving systems. The state team works with the county leadership teams to assure implementation and sustainability of systems of care. Currently, there are five counties involved with the State SOC initiative with plans to expand statewide. Through SOC, counties work to establish the infrastructure to build systems that work together with the youth and families, integrate professional services, and utilize the natural supports that exist within the families and communities throughout Pennsylvania. This initiative will be expanded to include Philadelphia. While not a member of this initiative, Allegheny County has a long-standing history of service provision through a System of Care Model.

As a result of the state and local efforts that have been made to date, Pennsylvania has demonstrated that it not only has the capacity and readiness to implement creative and innovative strategies that meet the goals of the project, but also the will and desire to succeed. By participating in the activities described in this section, the five counties that are part of the Demonstration Project proposal have already made the commitment to sustaining lasting changes in their child welfare practice. The Demonstration Project will allow them to expand and expedite this commitment and meet **the Commonwealth's** child welfare system over-arching goals.

**17. Demonstration Project – Documentation of Cooperation:**

As Pennsylvania considered the possibility of applying for the title IV-E waiver, county input was sought to ensure that counties felt the waiver would improve their ability to provide safety, permanency, and well-being for their children and families. This process is further detailed in the section 1 and 20 of this application.

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While many counties have expressed interest in the title IV-E waiver, five counties were able to demonstrate their readiness to participate in the initial year of the project. Letters of commitment have been attached to the application in Appendix 2. As Pennsylvania moves forward with negotiations with ACF for the demonstration project, counties and the State will also negotiate terms and conditions and sign Memorandums of Agreement (MOA). Pennsylvania will supply copies of these MOAs once they are completed.

**18. Demonstration Project – Relationship to the PA CFSR and PIP:**

As stated in section 1 and in section 2, Pennsylvania chose two key areas to address in the Demonstration Project, which were identified as areas needing improvement in both the CFSR and the QSR. Key components of the PIP are continuous quality improvement, sustaining change, and enhancing assessments. **The QSR is just one part of Pennsylvania’s** Continuous Quality Improvement (CQI) process which serves as one of the **foundational strategies of the state’s Program Improvement Plan (PIP)**. The CQI embodies the **Commonwealth’s ongoing commitment to shifting *away from* compliance-focused efforts and shifting *toward* a more quality-driven focus**. Pennsylvania believes that this process uniquely positions us to engage in the Demonstration Project as the Project will allow us to focus on scaling up quality programs and strategies. The Commonwealth believes that in order for quality practice to be internalized and exhibited at the practice level (with families); organizations need to create an environment in which quality practice is supported. Therefore, Pennsylvania needs to create a system in which all organizational components of the state, county children and youth agencies, and private provider and technical assistance communities are committed and able to effectively improve outcomes for children, youth and families. This waiver project is a natural extension of this approach to facilitating change at the local level.

**19. Description of Court Orders and the Potential Impact on the Demonstration Project:**

The Commonwealth, including all participating counties, is not currently subject to any such court involvement.

**20. Demonstration Project - Summary of Public Input:**

Planning for the Demonstration Project has been an extremely inclusionary process throughout the Commonwealth. Upon passage of the Child and



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Family Services Improvement and Innovation Act, the Department of Public Welfare, Office of Children, Youth and Families began an education process for county children and youth administrators regarding the possibility of applying for a waiver on behalf of the Commonwealth. Multiple sessions were held at the Pennsylvania Children and Youth Administrators (PCYA) meetings in which details of the legislation were explained and initial comments were received that helped shape the Pennsylvania process moving forward.

OCYF has also utilized private provider forums to educate and receive feedback from this group as any changes to our system will require a strong partnership with the provider community. A Demonstration Project presentation was held as part of the Pennsylvania Council of Children, Youth, and Family Services (PCCYFS) Policy Day where feedback was solicited on the demonstration project. In addition, PCCYFS is a standing member of the title Child Welfare Demonstration Project Workgroup.

The initial charge in developing the Demonstration Project came from the OCYF Advisory Cabinet. This group is made up of a wide spectrum of Pennsylvania child welfare system stakeholders including county children and youth agencies, juvenile probation, guardians' ad litem, representatives from the Pennsylvania court system, child advocacy groups, youth, and representatives from the Child Welfare Training Resource Center (University of Pittsburgh).

Members of the OCYF Advisory Cabinet formed the Child Welfare Demonstration Workgroup. In addition to those listed above, this group also included representatives from the **mental health system, and the Governor's office**. The Child Welfare Demonstration Workgroup approached this project through the creation of two subgroups – program and fiscal. These subgroups worked in a collaborative manner to shape the Demonstration Project as defined in this application.

To fully understand the inclusiveness of this project, it is important to consider that the Demonstration Project is fully consistent with the federally approved Program Improvement Plan (PIP) that is integral to our current child welfare practices. The Demonstration Project is allowing the Commonwealth to continue implementation of the PIP and Child and Family Services Plan (CFSP) goals in a more efficient and effective manner than would be possible without the flexible funding allowed by the waiver. The PIP was developed by a group of individuals that included child welfare professionals, families, youth, child and family advocates, mental health, education, probation, and the private provider community. The plans

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established in our PIP and those that are carried over the CFSP are consistent with the Demonstration Project which we believe adds to the public legitimacy of our application.

Examples of county specific items related to public comment:

- Allegheny County is also planning public forums in regard to the Demonstration Project. Allegheny County has a long history of obtaining public input as part of their overall concern with community relations. Open forums and involving the community in their planning process is consistent with their vision of being an open and inclusive human services system.
- **Dauphin County plans on utilizing its Children's Roundtable structure,** as well as its advisory committee to discuss practice changes and movement towards family engagement and quality assessments. Open community forums have not yet been established surrounding the Demonstration Project implications, but these are in the planning stages.
- Lackawanna County will also engage in public comment activities as part of the Demonstration Project efforts.
- Philadelphia has multiple processes for ensuring community input and voice in the design and implementation of new initiatives. One such group is the Community Oversight Board, comprised of key child welfare experts and community representatives from a variety of disciplines. Members of the community have also been extremely involved in the QSR process including having the opportunity to share recommendations for overall system improvement. This level of community involvement and participation will be a critical piece of their Demonstration Project implementation.
- Venango County is holding a series of informational forums for the public that includes the Demonstration Project as a point of emphasis (6 are currently scheduled).

Once submitted, the Demonstration Project application will be posted on the Department of Public Welfare web-site. Moving forward, individual counties involved in the Demonstration Project will continue to garner public comments and input regarding the project. ACF will be kept up to date on all specific activities, including summaries of public comments, and any changes made to our application related to public input.

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**21. Health Insurance Coverage Attestation:**

All special needs children for whom Pennsylvania has entered into an adoption assistance agreement (including those not supported by title IV-E funds) are eligible for health insurance coverage through Medicaid (title XIX), and this will continue under the proposed project demonstration. This coverage is outlined in Title 55 of the Pennsylvania Code Subchapter C, sections §3140.201 through §3140.210 which address eligibility for state and federal Adoption Assistance.

**22. Demonstration Project – Child Welfare Program Improvement Policies:**

**Recently Implemented:**

As evidenced throughout this application, Pennsylvania has been committed to implementation of systems improvements that lead to lasting change not only at the systems level, but also within children and families. Over the past few years, a variety of statewide statutory and policy changes have been implemented to support these improvements. This is evidenced by the 2010 enactment of the Children in Foster Care Act which established a bill of rights for children in foster care which underscores the voice of children and youth by providing them with the statutory opportunity to file a grievance when a concern regarding their care arises. Additionally, in 2010, state legislation was passed requiring that siblings be placed together unless it is contrary to their safety and that visits must occur if they have not been placed in the same home. This statute reinforces the concept that these decisions must be reviewed at each permanency hearing to ensure that continuous efforts are made to place siblings together and to provide for maintaining sibling connections through visitation.

Efforts have also been undertaken to improve timely permanency for children in care. Pennsylvania has had a long-standing guardianship assistance program, commonly referred to as Subsidized Permanent Legal Custodianship. Therefore, in April of 2009, Pennsylvania gained approval to implement the optional guardianship assistance program. Additionally, beginning in 2008, under the Permanency Practice Initiative, Family Finding was introduced as a way to seek additional relatives to provide support for families. To support the practice of Family Finding, the Commonwealth provided all counties with access to the Accurint search engine in an effort to provide the necessary technological support to locate other family members. Pennsylvania has a long history in utilization of Family Group

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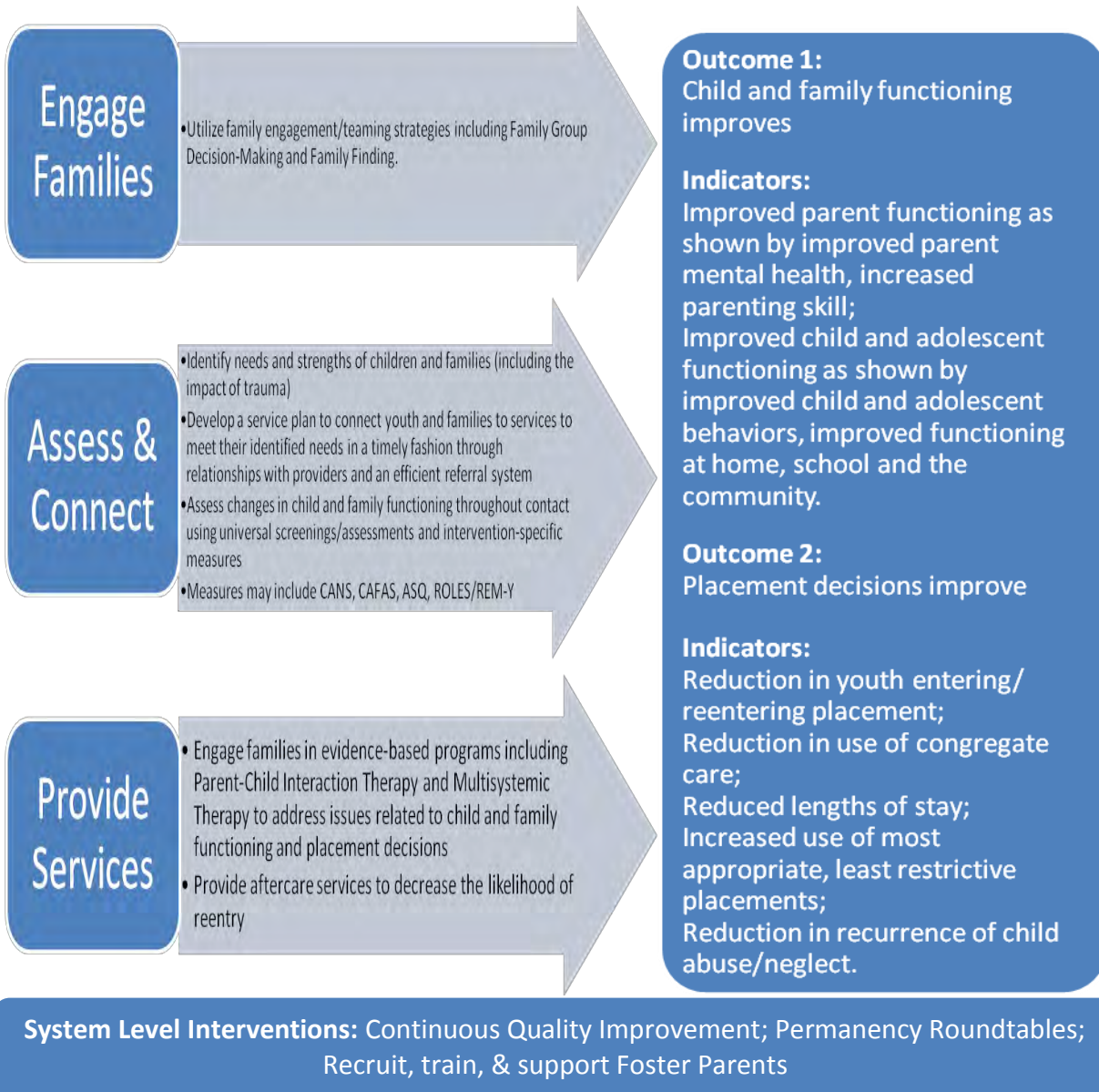
Decision Making which was also re-emphasized through the PPI and the Special Grants Program as previously mentioned.

Recognizing the need to provide increased services and supports to older youth, in 2011, statewide guidance was provided related to the provision of independent living services. These guidelines were developed in partnership with the statewide Youth Advisory Board in an effort to ensure that practical information was provided in addressing youth needs through creative and innovative solutions.

**To Be Implemented:**

As previously mentioned in section 16, Pennsylvania enacted legislation on June 30 and July 5, 2012 to amend state statute to expand the definition of children that can remain in care until age 21 to include youth that are employed 80 or more hours per month or who are engaged in program to remove barriers to employment. This legislative initiative also extends adoption and guardianship subsidies to age 21 for youth that have been adopted or placed with permanent legal custodian after the age of 13. Two bills have recently been enacted by the Pennsylvania General Assembly and signed by Governor Tom Corbett to support these efforts. Specifically, House Bill 75 (Act 91 of 2012) amended the Juvenile Act and House Bill 1261 (Act 80 of 2012) amended the Public Welfare Code.

## Appendix 1: Logic Model



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Appendix 3 - References

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